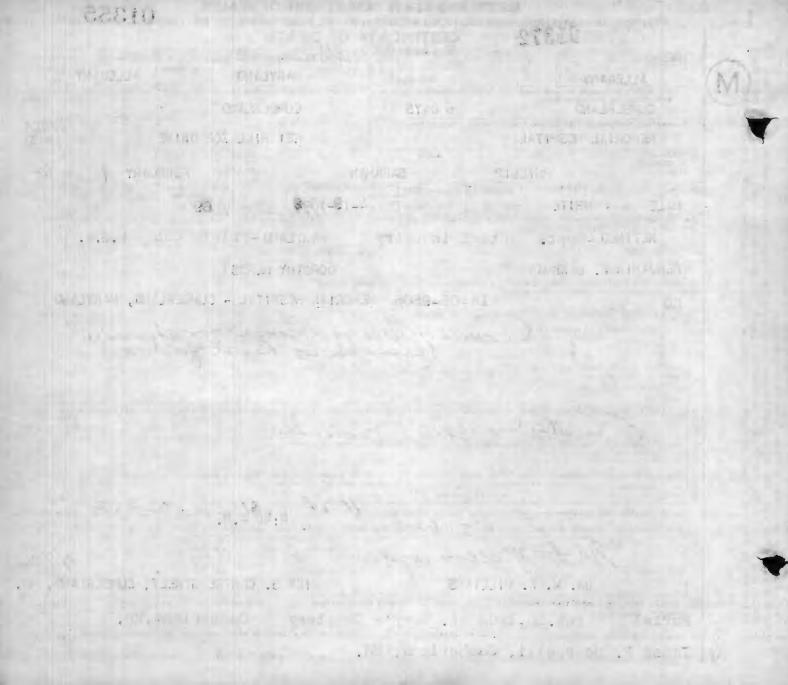
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Francisco (E. Carlotte Control of

hours after 20 by death certificate be executed within carbon pue physician remove attending ă law requires that the attending physician, as been signed by the OR A death. Pag. 0 ने है VR A15 (4)

ANTONIA PARAMETERS heritan, continue precessi demoter success. Inter-Secrete Storers Idendaning, .W. RYLAND STATE DEPARTMENT OF HEALTH

phyllician attending pl death OR - 등 교 DI DI VR A15 (4) 15M 7/61



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filter in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALLY ARYLAND 01373 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission)
ALLEGANY	a. STATE MARYLAND b. COUNTY ALLEGANY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
write RURAL and give nearest town) CUMBERLAND 24 DAYS	02 CUMBE RLAND
d. NAME OF HE HOR PA INSTITUTION IN hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
MEMORIAL & WARWICK ANES.	420 LOUISIANA AVE. YES NO K
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year OF
(Type of print)	RRINGER DEATH FEB. 5. 19 62
7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	DATE OF BIRTH 9. AGE (In years TP UNDER 1 YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED DIVORCED	7-13-1887 Tayrs. Months Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired Printer Newspajer	NORTH CAROLINA U. S. A.
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
REDWINE BARRINGER	LELIA C. NASH
	INFORMANT Address
(Yes, no, or unkown) (Ifyesgive war or dates of service)	MEMORIAL HOORITH CHARGE I AND AD
Ves War I 214-05-7258 [18. CAUSE OF DEATH [Enter only one cause of line for (e), (b), and (c).]	MEMORIAL HOSPITAL - CUMBERLAND, MD.
PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSKLAND DEATH
IMMEDIATE CAUSE (a)	viercos cercas maries of to.
DUÉ TO	V
Conditions, if any, which (b)	
geve rise to immediate cause (a), stating the underlying DUE TO	00.
cause lest.	* Wilerio Mersoia
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
OE .	PERFORMED?
5 206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED). (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	
to a	ACE OF INJURY (Home, farm, '20f. (City or fown) (County) (State)
Hour a.m. While Not While 19 19 19 19 19 19 19 1	mily anady solid state)
21. I certify that (I) (this hospital) attended the deceased from.	1-12-8,201966 to 2-5-, 1967 that (1) (wo) last
7 - 63 -	0.70 1.11.
	death occured at
22a. SIGNATE 2	ATTENDING MED. STAFF
	D PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type) DR. W. F. WILLIAMS	122d. ADDRESS
Dit. W. I. WILLIAMS	122 S. CENTREST., CUMBERLAND, MD.
236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	
Rurial Feb.8,1962 Hillcrest	Burial Park Cumberland, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
James F. Scarpelli, Cumberland, Mc	DATE meta 4 2 152
Dames 1. Doar Ferral Campor reality in	10 10 12 162 Call of Hand

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£ .	~	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
funeral should	M)	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY COUNTY
hours d 2 s		ALLEGANY CUMBERLAND MARYLAND BEDFORD
24 in by lander de		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Write RURAL and give nearest town) 3! DAYS CUMBERLAND, MD.
within y re-	60	d. NAME OF HOSPITAL OS SISTING (If not in hospital, give street address) MEMORIAL & WARWICK AVE. ON A FARM? YES NO
xecuted empletel papers in 72 h		3. NAME OF First Middle Lost 4. DATE Month Day Year DECEASED (Type or print) ALPHA PEARL BENNETT DEATH FEB 11 1962
d co		5. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
in an ent,		PEMALE WIDOWED DIVORCED \$ 0-23-1905 56 yrs.
hysicia removi		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Seamstress for an Interior Decorator 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) BEANS COVE, PENNA. 12. CITIZEN OF WHAT COUNTRY? U.S.S.
ng p	F	13. FATHER'S NAME ALBERT SOMERLOTT 14. MOTHER'S MAIDEN NAME BLANCHE ELLIOTT
endi endi	(T)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
oval		(Yes, no, or unkown) (Hyosgive warer dates of service) No MEMORIAL HOSPITAL, CUMBERLAND, MD.
s the san.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
quire hysic ned if per		MANDLATE CAUSE (b) Carely experien of here & 3 heart
w re la pri sign ransi		DUE TO LOUGH PO - A CALL
endire been rial-t		
r ath has has le bu	^	(a), stating the underlying cause last, (c)
SICIAN ospital or rtificate se as the	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\bigcup \text{NO} \(\bigcup \)
PHY the hor this ce od for u		TES NO 20 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
NDING sined by R: After detache t. of He		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Pum. 19 al work at work 19 at
ATTE Be refe ECTO) suld be		21. I certify that (I) (this hospital) attended the deceased from 19
OR May		22a. SIGNATURE ATTENDING MED. STAFF 2/12/62.
HOSPITA sth. Pag. FUNERA ector, pag filed with	1	22c. PHYSICIAN'S NAME (Type) DR. S.G. WEISMAN 22d. ADDRESS 59 GREENE ST., CUMBERLANDMD.
death direct direct		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State)
H		Burial 2/11/62 Bethel Cemetery Near Centerville Penna 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
VR A1S (4) 15M 7/61		Ruth E. Silcox Cumberland Maryland DATEFEB 1 5'62 Cuther S. Kings
		THURITE DILLON DIBINGILLAND HOLY TONG

MARYLAND STATE DEPARTMENT OF HEALTH

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STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) a. COUNTY **b.** COUNTY ALLEGANY MARYLAND ALLEGANY b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town) write RURAL and give nearest town) **CUMBERLAND** CUMBERLAND d. NAME OF HOSPIME MONTHUTION (WATRWACH. SAVES! oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL 23 W. ROBERTS ST YES NOX 3. NAME OF Middle 4 DATE DECEASED (Type or print) DEATH HOMER GUY BICE 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years IF UNDER I YEAR) 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) WIDOWED [DIVORCED [10a. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Machinist Helper Railroad Omaha. Neb. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LEROY BICE DELLA ROY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) yes CUMBERLAND, MO. MEMORIAL HOSPITAL 18. CAUSE OF DEATH [Enter only one cause ger line for (a), (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which pave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 201 Mily or town) (County) (State) factory, street, office bldg., atc.) Not While While ei work de la course de la ATTENDING DIRECTOR PHYS. 22d. ADDRESS DR. R. J. WILLIAMS 122 S. CENTRE ST., CUMBERLAND, MD. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, fown or county) REMOVAL (Specify) Feb. 9. 1962 Hyndman Cemetery Hyndman, Penna. Buria 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) DATE FEE 1 4 '62 15M 7,61 James F. Scarrelli, Cumberland, Ma.

ARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH 01376 funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, If institution: Residence before admission) a. COUNTY b. COUNTY ALLEGANY VIRGIN KKK MINERAL MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest lown) write RURAL end give nearest lown) 26 DAYS CUMBERLAND ROUTE # 1 RIDGELEY WEST VIRGINIA d. NAME OF HOSPITAL OR INSTITUTION AND PROPERTY AND PHARMS d. STREET ADDRESS e. IS RESIDENCE ON A FARM? AVES .. YES NO NAME OF Middle 4. DATE Month Day Yeer DECEASED OLIVER (Type or print) LEONARD DEATH **FEBRUARY** 25 62 BOONE 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH AGE (In years last birthday) Months Hours MALE WIDOWED [DIVORCED [physician 10s. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Machinist Helper 0. R Rwv WEST VIRGINIA U. S. A. G 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME by the attending the serving. Then please death DAVY, MARY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT requires that the Address (Yes, no, or unkown) (If yes give war or dates of service) MEMORIAL HOSFITAL, CUMBERLAND, MARYLAND 705-05-5327 18. CAUSE OF DEATH Enter only one cause per line for Jet (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which cove rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(+) 19. WAS AUTOPSY CERTIFICATION 98 PERFORMED? NO [20e ACCIDENT WAS UNDERLYING ... 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month Day, Yeer (County) (Stata) factory, street, office bldg., etc.) While Not While WED Hour e.m. at work et work 080 D.m. 21. I certify that (I) (this hospital) attended the deceased from..., 19....., that (I) (we) lest ło... DIRE saw the deceased alive on. 226 SIGNATE SIGNED ATTENDING STAFF DIRECTOR ADDRESS FUNER NAME (Type) VIRGINIA AVENUE, CUMBERLAND, MD. or, 23s. BURIAL, CREMATION 23d. LOCATION (City, fown or county) . 23b. DATE THEREOF 23r NAME OF CEMETERY OR CREMATORY (Stete) 0 है है REMOVAL Herman Cemeterv Near Cumberland. ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Cumberland. Md. 15M 7 61 Charles George 162 DATE Orithan & House - - -

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI 2/15/62 within 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased irved, if institution: Residence before edmission) a. COUNTY a. STATE b. COUNTY MARYLAND ALIEGANY ALTRIGANY b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) E LENGTH OF STAY IN 16 write RURAL end giva nearest town) CUMBERLAND CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO SACRED HEART HOSPITAL 3. NAME OF Middle DATE Year DECEASED OF (Type or print) DEATH 19 62 DAVID and cor 6. COLOR OR RACE 7. MARRIEDY NEVER MARRIED 8. DATE OF BIRTH AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Days Hours WIDOWED -DIVORCED IDa. USUAL OCCUPATION (Give kind of work 1 106. KIND OF BUSINESS OR INDUSTRY 1.12. CITIZEN OF WHAT COUNTRY? dona damng most of working life, evan if retired) U.S.A. 14. MOTHER'S MAIDEN NAME ugustine U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT CHART 8 CAUSE OF DEATH [Entar only one causa per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave risa to immadiate causa DUE TO (a), stating the underlying causa last. PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 817 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 200. ACCIDENT WAS UNDERLYING 1 20b. 2Db. DESCRIBE HOW INJURY OCCURED. Unter nature of injury in Pert I or Part II of Wem 18. OR CONTRIBUTING CAUSE OF DEATH MEDICAL 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ! 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., atc.) Whila Not While Hour a.m. at work et work p.m. 1960 to 2/2 that (I) (we) last DATE 22a. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. death. Pag. 22d. ADDRES 22c. PHYSICIAN'S HOSPIT NAME (Type) LLL N CENTRE STREET director, CER 138 LOCATION (City stowing of county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATIORY (Stata) 25%, REC'D BY REGISTRAR 256, REGISTRAN'S, SIGNATURE DIRECTOR'S SIGNATURE VR A15 [4] 15M 7/61

RYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARY TAIL . .

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before ad nission) a. COUNTY **b.** COUNTY Allegany files. Health, Maryland Allegany MARYLAND b. CITY OR TOWN (if outside corporate I mifs, c. LENGTH OF STAY N 16 c CITY OR TOWN (If outside corporate I mils, write RURAL and give nearest fown) write RURAL and give nearest fown) Cumberland. Cresaptown. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va straal addrass) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 101 Brant Road retained the State E Memorial Hosp. YES NO X 3. NAME OF 4. DATE Month Yaar Middle OF DECEASED HENRY OSCAR CECIL (Type or print) DEATH Feb. s 1, 2, and 3 to age 5 may be 1 and 2 with 1 72 hours afte 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Days Hours 1903 May 30. Male WIDOWED [DIVORCED | 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (1), BIRTHPLACE (State or foreign country) 112. CITIZEN OF WHAT COUNTRY? "in pencil in liem 18. Give Pages 1, 2, Office along with form PM3. Page 5 burial-transit permit. File pages 1 and moval, and in permit. dona during most of working life, even if retired) U. S. A. Packing House Cresaptown. Maryland Manager. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John W. Cecil Susan Alexander 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOC AL SECURITY NO. 17. INFORMANT Addrass Md. (Yas, no, or unkown) | (Ifyesgive war or datas of service) Mrs. Ada R. Cecil 101 Brant Rd. Cresap No ould be executed 18 CAUSE OF DEATH [Entar only one cause per line for (e) (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: OCCLUSION SUDDEN CORONARY IMMEDIATE CAUSE (a) **DUE TO** removal, CORONARY SCLEROSIS Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19, WAS AUTOPSY CERTIFICATION PERFORMED? 2 NO X plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. the C. Page 3 - burit 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or fown) (County) (State) 20c. TIME OF NJURY Month, Day, Yaer fectory, street, office bldg., etc.) Not While While Hour a.m. al work at work OR 21. I certify that I took charge of the remains described above, held an Autopsy inspection | Inquiry XX and in my opinion lease execute the certific should be forwarded to FUNERAL DIRECTO Homicide Undetermined manner Natural causes Suicide 1 death resulted from. Accident CHIEF MEDICAL EXAMINER designated ASSISTANT MEDICAL EXAMINER DATE SIGNED February 24, 1962 DEPUTY MEDICAL EXAMINER DEPUT BENEDICT SKITARELIC. M.D. Address (Street, city, lown, or county) Cumberland, Md. NAME (Typa) please 4 shoul O FUN 228. BURIAL, CREMAT ON, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Hillcrest Burial Park Cumberland. Burial 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. A15ME a Charles L. George Cumberland, Md. DATE FER 2 8 '62 Cirching & Than 5M 9 60

MARYLAND STATE DEPARTMENT OF HEALTH



1		O1380 CERTIFICATE OF DEATH CERTIFICATE OF DEATH Reg. Dist. No.
directo	M)	1. PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE DESTRUCTION
Funeral vid be		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Lyr; Imo., 3dag. ()2. Cumberland
by the	1%	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION bylvan Hetreat 400 Ir ad Avalue e. Is residence on a farm? YES NO DI
n 24 hat illed in es 1 and		3 NAME OF First Middle Lost 4 DATE Month Day Year (Type or print) Logal Ch dwick DEATH Let 23 19 02
d within pletely f rs. Pag		5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 1'6 121e White WIDOWED DIVORCED JUNE 19, 1880 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Manihis Doys Hours Min.
execute and camp on pape death.		10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Retired Clerk Department Store Keyser 10b. 12. CITIZEN OF WHAT COUNTRY
icate be rsician o ive carbi urs after	(I)	Jeremiah Chadwick Barbara Roades
th certifica ling physic se remave n 72 haurs		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT NOO (If yes, give wor or dotes of service) None Floyd Chadwick Wyckoff, N.J.
that the death by the attendir t. Then please y event within		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) SUC-TO Conditions, if any, which) Conditions, if any, which
requires ian. in signed nsit permi		gove rise to immediate couse (a), stating the under- lying couse lost. (c) (14 life to 10 life to
AN: The law ending physic sicale has bee the burial-tra ar removal,	C	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTION CONTRIBUTIO
al ar alk this certif r use as ematian,		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. 19 Alwark of work
NDING haspit After ched for		21. I certify that I attended the deceased fram July 1, 19 cl., to rel. 23, 19 62, that I last saw the deceased glive an reb. 23 19 02 and that death accurred at 2:35 PM from the annual attended to the deceased
ATTER CIOR: CIOR: De detaction to be		alive an
retain RAL Di should strar p	à	PHYSICIAN'S 1. L. Lethers,D. 4, meene street, Color 1, d.
may be FUNE page 3 the regi	6	Prince Burial Cremation, REMOVAL (Specify) Burial 2-26-62 Rose Hill Cem. Cum! erland. Md.
VS A15 (4) 15M 10/57	W.	23. FUNERAL DIRECTOR'S SIGNATURE James Scarpelli Cumberland, Md. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE SER 2 7 '62 Quillon & Kraus



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1. MA CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmiss on) a. COUNTY .. STAMaryland **b.** COUNTY Allegany Allegany 12 E MARYLAND ~⊙ b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 s. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest lown) Midland widland. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Paradise Street Paradise Street YES T NO completely 3. NAME OF Middle 4. DATE Yeer DECEASED (Type or print) Glise DEATH 19 Tsabella Ross Œ and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER I YEAR) IF UNDER 24 HRS. birthday) Months | Days Hours WIDOWED [DIVORCED Female physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired Maryland U.S.A None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Ellen Dve Salem Ross ᇻ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (lifyes give were rdetes of service) Midland, MD. Thomas F. Clise the None IB. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). (Husband INTERVAL BETWEEN ۾ ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (+) DUE TO (b) gave rise to immediate cause **DUE TO** (e), sleting the underlying cause lest. PART I. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY FICATION S 5 PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of Item 18.1 20e. ACCIDENT WAS UNDERLYING [CERT OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ! (State) 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work 19 D.M 21. I certify that (I) (this hospital) attended the deceased from Jugues. 1956 10 Janos .. [.. , 1993 L that (i) (we) last saw the deceased alive on. 22a SIGNATUR 22b. DATE ATTENDING. STAFF SIGNED PHYS. DIRECTOR PHYS. HOSPITA eath. Page FUNERAL rector, page 22c. PHYSICIAN S 22d. ADDRESS NAME (Type) iles Jr. 23a, BURIAL, CREMATION, | 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) Ö.₽₽ Memorial Park Frostburg, MD. Rurial 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) LONACONING. MD. arthur & thank DATE FFB 5

24 hours after

certificate be executed within

requires that the



The law requires that the death certificate be executed within 24 hours after In by the first and 2 server death. on papers. Pugarthing 72 hours alk death. Page Tay be retained by the hospital or attending physician. IO FUNERALY DIRECTOR: After this certificate has been signed by the attending physician and completely fitted director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pegabe filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours at ATTENDING PHYSICIAN: TO HOSPITAD

VR A1S (4, 15M 7 61 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 1382

CERTIFICATE OF DEATH

	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission)
		ALIJEGANY MARYLAND	b. COUNTY MARYT.AND AT.T.TYLANV
·		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
	(CUMBERLEND 51. DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS ON A FARM?
1		SACRED HEART HOSPITAL Middle Middle	Lest 4. DATE Month Day Year
		(Type or print) CARL 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8	CORRICK DEATH 2 9 1962 DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
			last birthday) Months Deys Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	2/11/05 55 yrs.
	13.	FATHER'S NAME ELECTRICL APPLIAN	DE MARYTAND U.S.A. 14. MOTHER'S MAIDEN NAME
	15. (Ye:	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
-	-	18 CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c),	CH-RT INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
		IMMEDIATE CAUSE (0)	Colon with ONSET AND DEATH
		153 8 DUE TO	1-1-1-1nen
		Conditions, if eny, which \ (b)	milostisen /
		gave rise to immediate cause	
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	z		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY
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	됩	208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED	(Enter neture of injury in Pert I or Pert II of Item 18.,
		OP CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	foot foot	CE OF INJURY (Home, farm, 208. (City or town) (County) (Stete) ory, street, office bldg., etc.)
	8	Hour a.m., While Not While tack	1
	_	21. certify that (I) (this hospital) attended the deceased from	1962 to Let 9, 1962 that (1) (we) lest
		Oh a V c / \	deeth occured atM, from the causes and on the date stated ebove.
			22b. DATE
		22e. SIGNATURE	ATTENDING MED. STAFF STAFF
			D. PHYS. DIRECTOR PHYS.
		22c. PHYSICIAN'S NAME (Type)	
		DR . B. SCHINDLER	113 Sueene Rikeri
	23a	DURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	E	Juna 2/12/62 /fellerest (Im. Cumberland md.
	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S, SIGNATURE
7		Janes Stein Inc. Cum	a. Md gates 13 62 white S. Thomas
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krs.			MAR	YLAND STATE D	EPARTMEN	IT OF HEALTH		
2		Division of STAT				STON STREET, B.		MARYLAND
FOR STATE	<u> </u>	01383	MEDICA	. EXAMINER'S	CERTIFIC	CATE OF DE	ATH	OTODO
MEALTH DEPT.	1.	PLACE OF DEATH				IDENCE (Where decease		Residence before admiss on)
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ny de funer ained State sath.	3.	NAME OF	First	Middle	Lost	4. DATE	Month	Day Yest
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the cart		death resulted from:	Natural causes X.	Accident Suic			rmined manner	_
4 2 2 2 P		ACTUAL R.	1 + 1	03-11		DICAL EXAMINER		
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DEPUTY should be for FUNERAL its designage	27=			226, NAME OF CEMETERY OF		itreet, city, town, or count	(City, tawn, or country	
O S TO X	1.0	REMOYAL (Spec by)	b.13,1962				erland,	
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VS. AISME		James F. Sca	rpelli C		5A	4 4 100	C Shung S. 1	4.4
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ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01384 CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY a. STATE **b.** COUNTY ALLEGANY MARYLAND b, CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 18 c. CITY OR TOWN (If outside corporate limits, write RURAL end give negrest town) write RURAL and give nearest town) CHMBRITAND 21 DAYS MT. SAVAGE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO HEART HOSPITAL 3. NAME OF 4. DATE Middle Manen Yeer DECEASED (Type or print) DEATH Feb. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS last birthday) Months Devs Hours MATE WIDOWED TV DIVORCED physician a 10a. USUAL OCCUPATION (Give kind of work 105. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE [County & State, or foreign country] 12, CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) USA HETIRED SAVAGE REFACTORY 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Thomas Cunningham Nora Kellev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Ad dress (Yas, no, or unkown) | (If yes give war or dates of service) 220-10-0846 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b, and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if eny, which (b) gave rise to immediate cause DUE TO (e), steting the underlying cause last. PART H. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I.e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO -20e, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of mjury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) factory, streat, office bldg., etc.) Hour a.m. While _ Not While at work at work 1957 to 7.-/2- 1962 that (1) (we) last 21. I certify that (i) (this hospital) attended the deceased from... 2-11- 1962, and that death occurred a 2:06 AM from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22e. SIGNATURE SIGNED STAFF DIRECTOR PHYS. M.D. 22c. PHYSICIAN S 22d. ADDRESS 59GREENE ST., CUMBERLAND, MD. 23a BURIAL CREMATION | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, fown or county) a diag B Mrial St. Patrick's Cemeterv Mt. Savage, Md. 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE ADDRESS VR A15 (4)/ Hyndman, Pa. arihung & thouse DATE

within 24 hours efter



	DIVISION OF		ARYLAND STATE DESEARCH AND RECORD			_	1 MARYL	AND
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11)	PLACE OF DEATH O. COUNTY Alleg	any	MARYLAND		Maryland	b. COUNTY	Allega	ny /
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	119 Wood	en 1	in nospilei, give street address)	119 Wood				YES NO X
	NAME OF DECEASED (Type or print)	First Borge	M ddle Robinson	Davis	4. DATE OF DEATH	Month Feb.	Day	19.62
-			MARRIED NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In yeers , IF		
-	Male 10e. USUAL OCCUPATION done during most of working	(Give kind of work	DOWED DIVORCED DIVORC	Aug 1,1889	unty & Stets, or fo	72 уп.		WHAT COUNTRY
	Merchant 3. FATHER'S NAME		Grocery Stote	W. Va.	N NAME		U.S.A.	
7	Jonathan W.	W. Davis			e I. Mur	hy		
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✓	PART I. DEATH WIMM	AS CAUSED BY, LEDIATE CAUSE (e) DUE TO (b)	Bronch. Influen		monid			Days_
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į	PART II. OTHER SIGNAL 200. ACCIDENT WAS OR CONTRIBUTING [] (IF EITHER, NOTIFY ME	UNDERLY NG [] 20 CAUSE OF DEATH	S CONTRIBUTING TO DEATH BLT H	occritit	75		IN PART 1(e) 19	PERFORMED?
	20c. TIME OF INJURY Hour a.m.	Month, Day, Yeer		LACE OF INJURY (Home, fi sctory, street, office bldg., o		r town)	(County)	(Stelle)
			attended the deceased from	TUY 10		FO 10 1		
	226 SIGNATURE 226. PHYSICIAN S NAME (Type)	aul R. Wils	Milson	ATTENDING PHYS. 22d. ADDRESS Piedmo	MED. DIRECTOR []	,STAFF PHYS.	Fob	12, 1962
1	REMOVAL (Specify)	236. DATE THEREOF	23c. NAME OF CEMETER Philos	Y OR CREMATORY		non (Cty, town	or county)	(State) Md.
A.	24 FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS Westernport, M		FEB 1 4 '62		RAR'S SIGNATURE & S. Human	

1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
E P	CERTIFICATE OF DEATH 01369
by the fune and 2 shou death.	1. PLACE OF DEATH II. COUNTY ALT_EGANY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
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C Line Spirit	3. NAME OF DECEASED (Type or print) MARY ADA DAVIS DAVIS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.)
erincare be hysician and remove carb iny event, w	FEMALE WHITE WIDOWED NOVECED MARCH 2, 1882 TO Hours Min. WIDOWED NEVER MARKIED HOUSEY MARKIED HOUSE MARKIED HO
ending please in a sand in a	13. FATHER'S NAME FRED GORTNER (DECEASED) LYDIA BEACHY 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
The law requires that the that the attaching physicial. Is been signed by the attaching the attaching the attaching the attaching the attaching the acceptance of the attaching the att	Tes, no, or unknown (lifyes give war or deleas of service) DAUGHTER: MILDRED DAVIS 18. CAUSE OF DEATH (Enter only one cause per line for (e) (b) end (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immediate cause (e), stating the underlying DUE TO DUE TO DUE TO
PHYSICIAN: the hosp tal or this certificate he for use as the fh prior to buri	Cause last. Cause last. C
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OF O	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 3/2/62 ITILICREST BURIAL PANK Cumberland, Naryland Address 25a. Rec'd by Registrar 25b. Registrar's signature John J. Hafer 23C Baltingre Aveland Date UNR 5'62

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) b. COUNTY Maryland Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) 24 write RURAL and give neerest town) I26 Fredrick St. Cumberland. Md. wilhin d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, to e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Sacred Heart Hospital YES NO 3 3. NAME OF Middle Month Year DECEASED Maromi Davis (Type or print) DEATH Feb. TT 1962 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 9. AGE (In years (IF UNDER 1 YEAR) JE JNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Days Hours White Female WIDOWED DIVORCED [certificate 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DEFEASED EVER IN U.S. AIMED FORCES?
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AND STATE DEPARTMENT OF HEALTH

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence bafore admission) a. COUNTY LLEGANY *. STATEMA RYLAND b. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) HRS.25 MIN CUMBERLAND LA VALE, MARYLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL 6 NATIONAL HIGHWAY YES NO 3. NAME OF Middle Year DECEASED (Type or print) MARSHALL DEREMER DEATH 62 J. FEBRUARY 19 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years , IF LNDER 1 YEAR IF UNDER 24 HRS. last pinhday) MARCH MALE WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY, 11, BIRTHPLACE, County & State, or foreign country) done during most of working life, even if refired) CUMBERLAND, MARYLAND MONARCH PRINTING U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RANDOLPH DEREMER MAUDE E. BANE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) MEMORIAL HOSPITAL - CUMBERLAND, MARYLAND 18. CAUSE OF DEATH [Enter only one cadse per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Joseph ONSET AND DEATH approx 20km DUE TO gava risa lo immediale causa DUE TO (a), stelling the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) 20a. ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (State) Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY factory, street, office bldg., etc.) NO. Hour a.m. While Not While at work at work p.m. 1945, to 1 - 1 (we) last 21. I certify that (I) (this hospital) attended the deceased from a property of the control of the certify that (I) (this hospital) attended the deceased from a property of the certify that (I) (this hospital) attended the deceased from a property of the certify that (I) (this hospital) attended the deceased from a property of the certific that (I) (this hospital) attended the deceased from a property of the certific that (I) (this hospital) attended the deceased from a property of the certific that (I) (this hospital) attended the deceased from a property of the certific that (I) (this hospital) attended the deceased from a property of the certific that (I) (this hospital) attended the deceased from a property of the certific that (I) (this hospital) attended the deceased from a property of the certific that (I) (this hospital) attended to the certific that (I) (this hospital) attended the certific that (I) (this hospital) attended to the cert 2-1- 1967, end that death occurred at 1.1.10 from the causes and on the date stated above. saw the deceased alive on..... 22b. DATE 22a. SIGNATUR SIGNED ATTENDING DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S HYNDMAN. PA. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REMOVAL (Specify) near Cumberland, Maryland 0 Rest Lawn Burial Park buria! 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Citing & King John J. Hafer, Cumberland, Maryland 15M 7/61 DATE





W. PRESTON STREET, BALTIMOREIS STATISTICAL RESEARCH AND RECORDS CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY **b.** COUNTY B. STATE 12 t ALLEGANY MARYLAND MA RYLA ND **ALLEGANY** b CITY OR TOWN (if outs da corporate límits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and giva neerest town) within 24 Write RURAL and give rearest town)
CUMBERLAND DAYS **CUMBERLAND** d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS A. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL HUMBIRD STREE YES NO X 3. NAME OF Middle DATE Month DECEASED Dyche OF 1962 FEB. (Type or print) DEATH COLOR OR RACE | 7. MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED I last birthday) Months Days WIDOWED DIVORCED physician USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) . 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) ${ t Railroad}$ Machinist Retired MAGNOLIA. W.VA. U.S.A. Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .⊆ JAMES H. DYCHE JANE REXRODE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give wer or detex of service) HOSP MD BETWEEN 18 CAUSE OF DEATH [Enter only one cause per line forget, (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO geve rise to immediate ceusa DUE TO (a), stating the undarlying causa lest. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEMPLAN DISPASE CONDITION GIVEN INIPART HAIR IN WAS AUTOPSY PERFORMED? YES . 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d, INJURY OCCURRED , 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) While Not While Hour am. at work at work 21. I certify that (I) (this hospital) attended the deceased from..... 19 and that death occurred at 1.2. M, from the causes and on the dete stated above. the deceased alive 22b. DATE 224 **FIGNATURE** ATTENDING STAFF SIGNED WED PHYS. DIRECTOR PHYS M.D. death. Page O FUNERAL director, page be filed with 22d. ADDRESS PHISICIAN S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23a, BURIAL, CREMATION, REMOVAL (Specify) Davis Memorial Cemetery Cumberland.Md. ADDRESS REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) La com S. Thomas 15M 7 61 Scarpelli, Cumberland, Ad. DATE FFR

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution, Residence before admission) a. COUNTY r. Page files. Health, **b.** COUNTY Allegany Maryland Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 6.2 Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. 15 RESIDENCE ON A FARM? Sacred Heart Hospital D.O.A. 318 Beall St. YES NO K 3. NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH Blanche 19 62 Amv Hager 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Days Female WIDOWED X DIVORCED T Oct. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 1 and done during most of working life, even if retired) Fayette Co. Penna. | Housewife Own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Solomon Henry Susan King IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17. INFORMANT Address 318 Beall St. (Yes, no, or unkown) (Ifyesgivewarordalesofservice) None Mr. Joseph Hager Cumberland, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY, CORONARY OCCLUSION pue SUDDEN IMMEDIATE CAUSE (a) Office **DUE TO** SCLEROSIS CORONARY Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying Examiner' cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY **CERT.FICATION** PERFORMED? to the certificate, writing the word forwarded to the Ch'ef Medical E. L. DIRECTOR: Page 3 should be aled agent, prior to burial, cremain NO A DIABETES MELL ITUS 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yaar (County) (State) Not While factory, street, office bldg., etc.) Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🔀 Inquiry X and in my opinion Hamicide Undetermined manner death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER lease execute the should be forward. PUNERAL DII ASSISTANT MEDICAL EXAM NER DATE SIGNED February 8, 1962 DEPUTY MEDICAL EXAMINER A BENEDICT SKITARELIC. M.D. Address (Street, city, town, or county) R. 9. Cumberland, Md. NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d, LOCAT ON (City, town, or country) (State) REMOVAL (Specify) E46 9 Cumberland, Md. Burial 11. 1962 Sunset Memorial 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS **V5. A15ME** Charles L. George Cumberland, Md. " in The S. Kraus DATECK 1 3 162 5M 9,60

RYLAND STATE DEPARTMENT OF HEALTH

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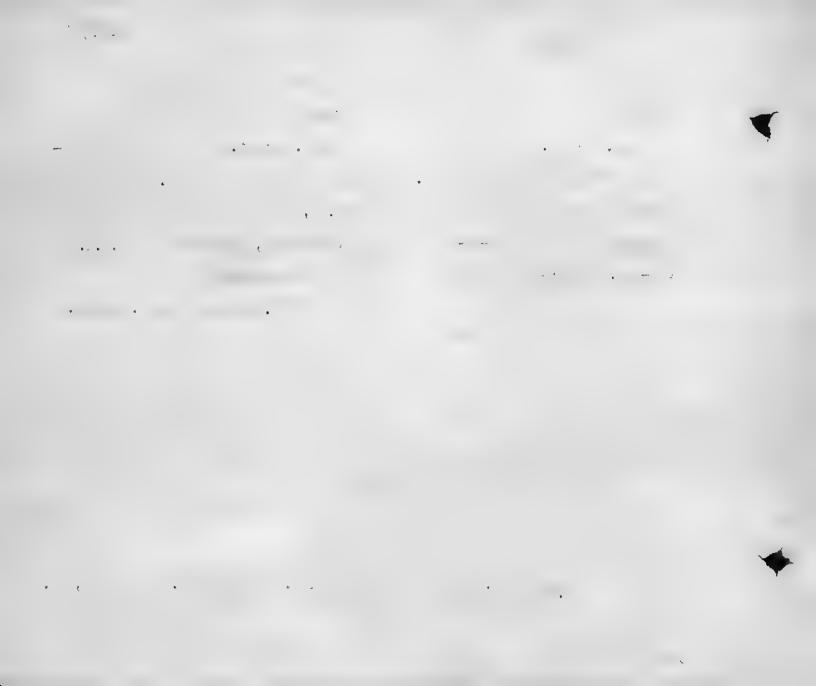
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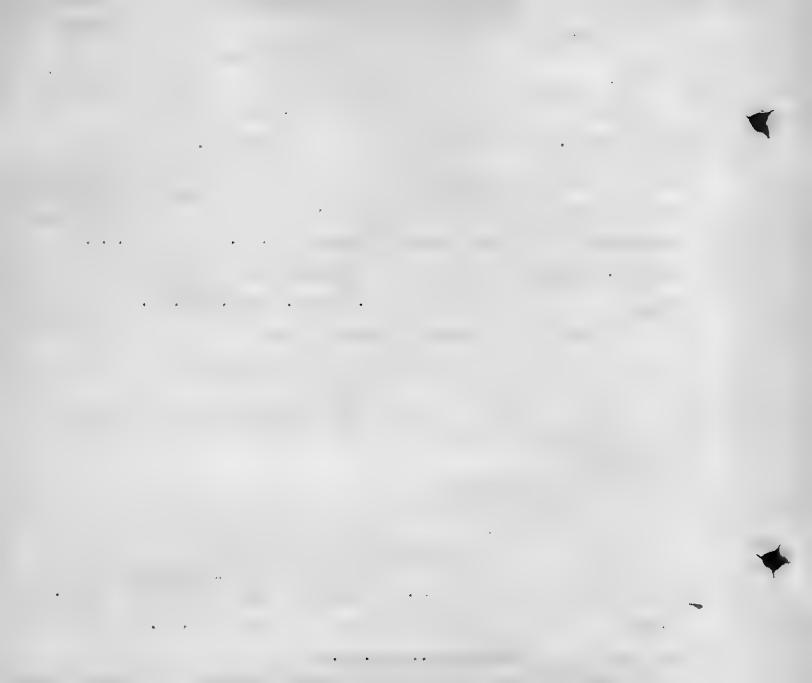
	AKILAND SIAIE DEPAKIMENI OF NEA!	LITI
DIVISION OF STATISTICAL R	ESEARCH AND RECORDS, 301 W. PRESTON STREE CERTIFICATE OF DEATH	T, BALTIMORE 1, MARYLAND
01397	CERTIFICATE OF DEATH	01374
Ullani		

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Allegany	Maryland Allegany
b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give neerest town) Cumberland	Cumberland
d. NAME OF HOSP TAL OR INSTITUTION (if not in hosp te , g ve street eddress	d STREET ADDRESS
	ON A FARM?
22I N. Lee St,	22I N. Lee St. YES NO L
DECEASED	OF
(Type or print) Anna E.	leller Feb. IO. 19 62
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Days Hours Min.
Female White WIDOWED DIVORCED O	TOTAL OF TOTAL
I 100. USUAL OCCUPATION (Give kind of work II 10b, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Housewife	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
13. Cheries	Longconing Maryland U.S.A.
Gharles	
LOUIS H. Fredericks	Mary Anna Stewart Address
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. IN (Yes, no, or unknown) (Ifyesgivewarordatesofservice)	FORMANT Address
NO Mis	s Mildred M. Heller 221 N. Lee St.
its. CAUSE OF DEATH [thier only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	loasi
DUE TO CO	
Conditions, if any, which	of Colone 1 year
f Dave troughted tense f	8
(a), stating the underlying DUE TO	
co use last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. 300 OR CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. 310 OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED.	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
8	YES NO Y
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury In Pert I or Pert II of item 18.)
U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 20f. (City or town) (County) (Siete)
Tour sime	y, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from.	agrice, 1960 to 6746, 1962 that (1) (**) last
	death occured at
228. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
I mulioul Illank Mo	
22c. PHYSICIAN'S NAME (Type) T. Michael Click	22d. ADDRESS
NAME (Type) L. Michael Glick	I26 N. Smallwood St. Cumberland, Md.
	R CREMATORY 23d. LOCATION (City, town or county) (Stele)
BMOVAL (Specify) 2/13/65 Willerest ("em (cumberland m &
24 FUNERAL DIRECTOR'S SIGNATURED ADDRESS	25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
Lister Call M	Q. DAFFER 1 3 '62 central 2. Thomas
gaves seen the Comb. 111	, DAMESIA



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA 392 MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad, If institution, Residence befor admission) e. COUNTY Allegany
b. CITY OR TOWN (if outside corporeta lim ts, MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate itm'ls, write RURAL and give nearest town) write RURAL and give nearest town) Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 624 Greene St. 624 Greene St. YES NOXX death. 3. NAME OF Middie 4. DATE DECEASED OF (Type or print) DEATH February 1962 James Smith Helman 6. COLOR OR RACE 7. MARRIED Y NEVER MARRIED B. DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) WIDOWED DIVORCED | May 20, 1884 Male 10a, USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 1월 dona during most of working life, evan if retired) Schmidt Bakery Cumberland. Md. Accountant U.S.A. pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph F. Helman | Elizabeth Alsip 'in pencil in Item 18. Giv Office along with form burial-transit permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyas giva war or dates of sarvica) Mrs. Maude S. Helman, Cumb. Md. 18 CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION. SUDDEN **DUE TO** Conditions, if any, which CORONARY SCLEROSIS WITH THROMBOSIS (b) gave rise to immadiata cause DUE TO (e), stelling the underlying 98 cremation, o PART II. OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. NAL DISEASE CONDITION GIVEN IN PART 1 191 19. WAS AUTOPSY CERTIFICAMON PERFORMED? YES NO 4 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Pert I or Part II of Itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Yaer , 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or fown) (County) (Stata) While fectory, street, office bldg., atc.) Not While Hour e.m. et work et work 21 I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. and in my opinion Inquiry X please execu, the certific that should be forwarded to be remarked by FUNERAL DIRECTC or its designated agent, the contract of the certific that is designated agent, the contract of the certific that is designated agent, the certific that is designated agent, the certific that is designated agent, the certific that is designated as the certific that is d death resulted from-Natural causes Y Accident Su'cide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER E February 6, 196 2 NAME (Type) BENEDICT SKITARELIC M.D. Addr DN, 226 DATE THEREOF 122. NAME OF CEMETERY OR CREMATORY Address (Street, city, fown, or county) R9 Cumberland .Md. 22a. BURIAL, CREMATION, 22d. LOCATION (City, town, or country) REMOVAL (Spacify) ್ದ ∢ ೦ ರ 2/8/62 Cumberland. Md. Rose Hill Cemetery Buria 24e. REC'D BY REGISTRAR I 246. REGISTRAR'S SIGNATURE VS. AISME a thur of thousa

RYLAND STATE DEPARTMENT OF HEALTH



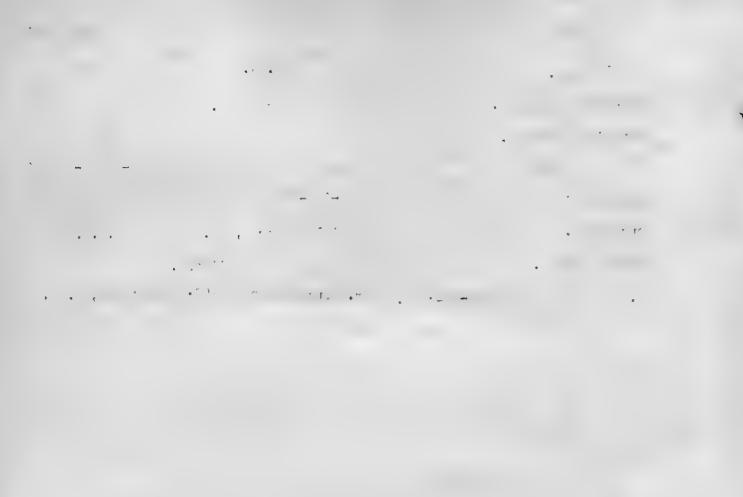
MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL F	RESEARCH AND RECORDS, 301 W	V. PRESTON STREET, E	ALTIMORE 1, MARYLAND
01393	CERTIFICATE OF	DEATH	01376
PLACE OF BURTH	2 **	CITET PECIPONOP /W/hors do	and devel li authorium Paulana batara

	1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution Residence before admission)
- 1	Allegany	MARYLAND STATE Maryland Allegany
1		NGTH OF STAY IN 1b C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
- 1		yrs. 162 Cumberland
	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g v	ve street address) d. STREET ADDRESS a. IS RESIDENCE
		ON A FARM?
	Sacred Heart Hospital	1011 Grant St. YES NOW
	3. NAME OF First DECEASED	Middle Last 4 DATE Month Dey Yeer
- 1	100 2 3	Eliza Houseworth Feb. 5 1962
	5 SEX 6. COLOR OR RACE 7. MARRIED NI	
-1	3 (257 2)	Months Days Hours Min.
- [.	Female White who were	
-1	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or loreign country) 12. CITIZEN OF WHAT COUNTRY?
- 1		Home Harpers Ferry, W. Va. USA
ľ	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
- 1	Cyrus H. Fisher	Laura V. Barger
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL (Yes, no, or unknown) ! (Ifyesgivewerordetesofservice)	
- 1	no	Mrs. Howard Fisher, Cumberland, Md.
- 1	18. CAUSE OF DEATH [Enter only one couse pay line for to	e,, (b), end (c), INTERVAL BETWEEN
- 1	PART I DEATH WAS CAUSED BY.	nony Thrombosic Enforction 8 his,
- 1	IMMEDIATE CAUSE (e)	John John Comments of the Comm
- 1	DUE TO	40 0 0
	Conditions, if eny, which (b)	Menoselerosis 372
- 1	geve rise to immediate cause	
	(e), slening the underlying	
-1		ING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO 19 19. WAS AUTOPSY
	TAKE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	PERFORMED?
	[3]	YES NO
- [PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HE OR CONTRIBUTING CAUSE OF DEATH OF THERE. NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.)
		OCCURRED 20e. PLACE OF INJURY (Home, farm, ' 20f, (City or town) (County) (Stete)
	Hour a.m. While No	of While Tectory, street, office plags, etc.)
		The first fame and I am
	21. I certify that (I) (this hospital) attended th	
ı	saw the deceased alive on	1967 and that death occured at M. from the causes and on the date stated above.
	22e. SIGNATURE	ATTENDING MED. STAFF 2/2b. PATE
	clayl, Dur	M.D PHYS. DIRECTOR PHYS.
-1	22c PHYSICIAN S	22d, ADDRESS
	NAME (Type) Dr. Clay E. Dur	rmett, MD 256 Virginia Ave. Cumberland, Md.
		the state of the s
_	AND RUPLAN CREMATION LOSS DAVE THEREOS	
E	DESACOVAL (County)	NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (Stete)
-		eenmount Cenetury Cumperland, d.
3	Burial Feb.8, 1962 Gre	eenmount Celetory Cumerland, de ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
5	Burial Feb.8, 1962 Gre	eenmount Celetory Cumerland, de ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE NEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution: Residence before edm ssion) a. COUNTY Page e. STATE b. COUNTY W.Va. Mineral Allegany. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA), and give neerest town) write RURAL end give neerest town) Cumberland Maryland. Short Gao. d. NAME OF HOSP, TAL OR INSTITUT, ON (if not in hospital, give street address) d. STREET ADDRESS a. IS RES.DENCE ON A FARM? Memorial Hospital. YES NO with the State 3. NAME OF M dale 4. DATE Morth DECEASED CATHRYN DEATH (Type or print) HUTTON 8 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours | IF UNDER 1 YEAR IF UNDER 24 HRS. Vem 2 Gast birthdey Months Hours and 12 -25 -1897 age 5 ma and 2 v 72 hours Female White WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired] Williamsport . Pa-U.S.A. pages 1 PM3 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME STOUCK. ' in pencil in Item 18, Give Office along with form PA WARREN Gilmore. MARY ALICE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or dates of service) Mr. Cyrus Calvin Hutton. Short Gap, W. Va. 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).) INTERVAL BETWEEN or's Office along visa a burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (e) EXAMINER: This certificate should be 11. DUE TO CORONARY SCLEROSIS Conditions, if env. which geva rise to immediate cause "pending" Examiner's (DUE TO (e), steting the underlying be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? word HYPERTENSIVE CARDIOVASCULAR DISEASE 10 NO T should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, [Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While # # 15 et work at work OR: P 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X Inquiry X and in my opinion 2 forwarded to DIRECTO Natural causes X Undetermined manner death resulted from: Accident Suicide 1 Homicide CHIEF MEDICAL EXAMINER designated should be for FUNERAL D DATE SIGNED ASSISTANT MEDICAL EXAM NER February 8. DEPUTY MEDICAL EXAMINER X 1962 DEPUT SKITARELIC. M.D. R.9, Cumberland, NAME (Type) Address (Street city, town or county) 22E. NAME OF CEMETERY OR CREMATORY 220, BURIAL, CREMATION, 225, DATE THEREOF 22d. LOCAT ON (City, fown, or country) (State) REMOVAL (Specify) 240 p Lahmansville Cemetery. Lahmansville, W. Va. ADDRESS 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME J.Blaine Schaeffer. Petersburg. W. Va. 5M 9 60





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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE MARKIND MEDICAL EXAMINER'S PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss on) a. COUNTY STATE **b.** COUNTY Allegany Maryland MARYLAND Allegany b. CITY OR TOWN (Fourside corporata limits, write RURA) programmerast town) c. LENGTH OF STAY IN 16 STEET TOWN (If outside corporate l.m.ls, write RURAL and give nearest lown) Rursel Frostburg Rurel Frostburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 3. NAME OF First Middle 4. DATE Month Day DECEASED OF (Type or print) William DEATH Hyde 62 February 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In yours | IF JNDER I YEAR IF UNDER 24 HRS (yebrinid task Months | Days Male WIDOWED T DIVORCED 73 yrs. August 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1). B.RTHPLACE (Slate or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if retired) Give Pages 1, Retired Miner

13. FATHER'S NAME Coal Mine pages 1 U.S.A. Barton, Maryland

14. MOTHER'S MAIDEN NAME Office along with form PM3. FIB Mary Sugars 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT permit. (Yas, no, or unkown) | (Ifyasgivawarordatas of service) No Sherman Hyde Lonaconing Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN "Son" ONSET AND DEATH DEATH WAS CAUSED BY MMEDIATE CAUSE (a) 2/14/1 DUE TO Conditions, if any, which gave rise to immediata cause DUE TO (a), stelling the undarlying cremation, o causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19, WAS AUTOPSY CERTIFICATION PERFORMED? Medical should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of Injury in Part I or Part II of Item 18.) PRIMARY TO OF CONTRIBUTING the Cr. Page 3. MEDICAL 20c. TIME OF INJURY 20d. INJURA OCCURRED 20g. PLACE OF INJURY (Homa, ferm, ; 20f. (City or town) (County) (State) Not White el work at work 21. I certify that'l took charge of the remains described above, held an Autopsy Inspection/ and in my opinion death resulted from: Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER lease executative should be forwer bull by forwer bull by for its designated a ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DEPUT EXAMINER'S Address (Street, city, town, or county) 22d. LOCATION (City, lown, or country 22a, BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 940 g Cemetery Moscow W Burial Laurel 23. FUNERAL DIRECTOR VS. A15ME George Eichhorn 5M 9/60 Lonaconing, Md. In & Frank 9 762

DEPARTMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1396 CERTIFICATE OF DEATH
100	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmiss
AIL	ALLEGANY MARYLAND S. SOUTH ALLEGANY
7	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
-	CUMBERLAND d. NAME OF HOSPITAL INTERMITION (Sopon in Absorbidis College street address) d. NAME OF HOSPITAL INTERMITION (Sopon in Absorbidis College street address) d. STREET ADDRESS e. IS RESIDEN
1	ON A FAR
-	MEMORIAL HOSPITAL 513 FREDERICK STREET YES NO NOME OF PIRST Middle Last 4. Date Month Day Year
	OF OF DEATH FEB. 13. 19 62
-	5. SEX 6. COLOR OR RACE 17. MARRIED T NEVER MARRIED NEVER MARRIED T NEVER NE
1	MALE WIDOWED DIVORCED 2-13-62 VIS. Months Doys Hours Mi
	10a. LSUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY 11 BIRTHPLACE (County & State, or foreign country)
-	none none CUMBERLAND, MD. U. S. A.
	LEWIS F. JACOBS SANDRA LEE BROWN
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) (Ifyesgivewarordatesofservice)
	No None MEMORIAL HOSPITAL-CUMBERLAND, MD.
	18. CAUSE OF DEATH [Enter only one cause per ine for (e), (b), and (c).]
	PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)
	DUE TO Josephaline Auflie
	Conditions, if eny, which (b) geve rise to immediate cause DUF TO
	(e), stelling the underlying
	Cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(a) 19 WAS ALTO
/ î)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS ACTO PERFORMS YES NO
	20e ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)
	20s ACCIDENT WAS UNDERLYING [] 20s. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18) OR CONTRIBUTING [] CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) Hour e.m. While Not While et work at work at work
	21 I certify that (I) (this hospital) attended the deceased from 1. 2. 10 p 19 19 19 19 19 19 19 19 19 19 19 19 19
	226. SIGNATURE 22b D.
	M.D. PHYS. MED. STAFF PHYS.
7	22c. PHYSICIAN'S NAME (Type) DD NJ DOVCE HODGES 122 S CENTRE ST CHIMBEDIAND MD
4	DR. W. ROYCE HODGES 122 S. CENTRE ST., CUMBERLAND, MD.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial 2-13-1902 Hillcrest Burial Park Cumperland, Md.
i i	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258, REC'D BY REGISTRAR'S SIGNATURE
W	James F. Scarrelli, Cumberland, Md. DATE FEB 19'62
73	2 . 241(1)





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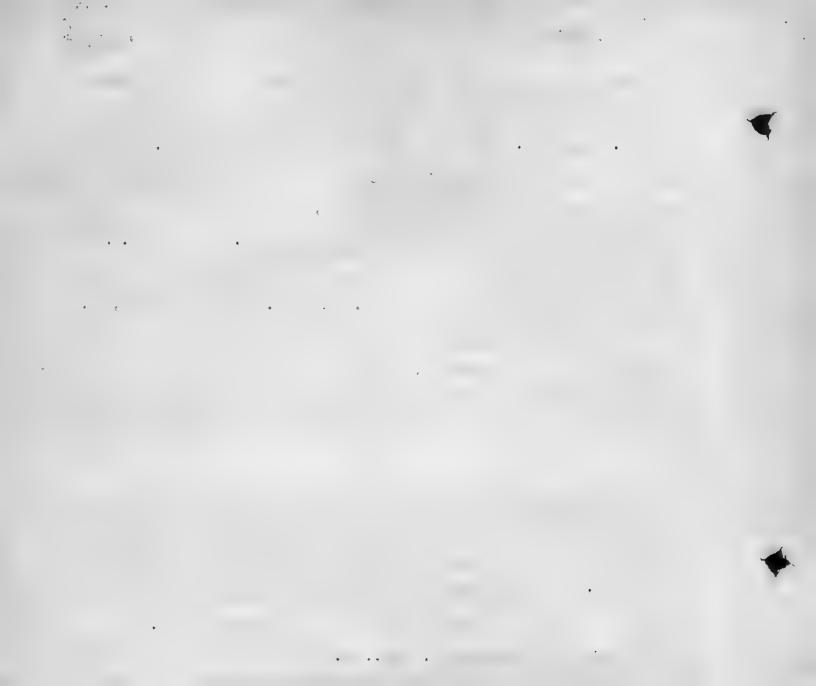


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hod the		b. CITY OR TOWN (if outside comparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN'III outside comparate limits, write RURAL and give general town.
ithin 24	Х	Westernport d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS d. STREET ADDRESS d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
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Con Con I		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS.
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rrtific ysicia amov		done during most of working life, even if retired)
th ce physical in are		Laborer Lonaconing, MD. U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
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that the street of the street		No Lonaconing, MD.
ires t sician l by sermi	ii .	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
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ding ding en si	3	Conditions, if any, which (b) Chy - Mayle Condition
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Tip of p		21. I certify that (I) (this hoppital) attended the deceased from the second se
RECEIPTER		saw the receased alive on the date stated above. 22b. DATE 22b. DATE
ERA. Di		ATTENDING MED. STAFF SIGNED 22c. PAYSICIAN'S 22d. ADDRESS
S. N. P.		NAME (Type) R. W. Reeves Westernport, ND.
death TO Fu	<u> </u>	23e. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) REMOVAL (Specify) 3/5/1962 Old Coney Cemetery Lonaroning, MD.
VR A15 (4 15M 7 61	1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1394 7 91	34	GEORGE EICHHORN LONACONING, MD. DATE FED 7 '62 curing & trus



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) e. COUNTY **b** COUNTY Allegany llegany Maryland MARYLAND b. CITY OR TOWN (If outside corporete limits c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress) d. STREET ADDRESS e. IS RES DENCE ON A FARM? e State I 107 N. Johnson St. YES NO K 106 Massachusetts 3. NAME OF 4. DATE OF DECEASED (Type or print) DEATH William Franklin Kerns February COLOR OR RACE, 7. MARRIED XX NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS. last birthday) | Months WIDOWED T DIVORCED | July 18, 1908 Male 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 11. BiRTHPLACE (Ste e or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Cumberland, Md. B&O Railroad Foreman (Retired) in pencil in Item 18, Give Pages Office along with form PM3. Pa pages 13. FATHER'S NAME 14 MOTHER S MA DEN NAME Pint Kerns Sarah Jane Robinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (liyesgivewerordatesofservice) Mrs. William F. Kerns, Cumberland, any No 18. CAUSE OF DEATH [Enter on y one cause per line for (e), (b) end (c).] INTERVAL BETWEEN along -ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Sudden Coronary Occlusion IMMEDIATE CAUSE (a) Office DUE TO Coronary Sclerosis DUE TO (e), stating the underlying Examiner cause last. PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1.61: 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 NO P 20b. DESCRIBE HOW NJURY OCCURED. (Enter neture of intury in Pert I or Pert II of ilem 18) 20a EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. the Cr. 78: Page 3 - to burie 20c. TIME OF INJURY Month, Day, Year 20d. NJURY OCCURRED. 20e. PLACE OF INJURY (Home form, 20f. (City or town) (State) fectory, street, office bldg., etc.) While Not While Hour a.m. at work at work OR 21. I certify that I took charge of the remains described above, held an Autopsy | Inquiry 🗙 and in my opin on death resulted from Natural causes Suicide Undetermined manner CHIEF MEDICAL EXAMINER designated should be for DEPUT Benedict Skitarelic NAME (Type) Address (Street, city, town, or county) 22e BURIAL, CREMAT ON | 22b. DATE THEREOF 22d. LOCATION (City, town, or country) 22c. NAME OF CEMETERY OR CREMATORY (Stete) REMOVAL (Specify) g40 p Cumberland, Md. Davis Memorial Park Burial 23' FUNERAL DIRECTOR ADDRESS A15MF Ing & Henry Frederick St. Cumb., Md.

STATE DEPARTMENT OF HEALTH



1 5	3	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
	1	01399 CERTIFICATE OF DEATH 01382
director		PLACE OF DEATH o. COUNTY Allegany MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY Allegany Allegany
funeral culd be fil	M)	b CITY OR TOWN (If outside carporole limits, write RURAL and give nearest town) RURAL and give nearest lown) Frostburg C. CITY OR TOWN (If outside carporole limits, write RURAL and give nearest town) Prostburg M
d 2 d	61	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Miners Hospital, Frostburg, Md. d. STREET ADDRESS ON A FARM? YES IN NOT
hin 24 ha y fi led in ages 1 an death.		3. NAME OF DECEASED (Type or print) Casper E Kight 4. DATE OF DEATH Feb. 23 19 62
pietely pretely ers. Pag after de		S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years lost birthday) 8
d cam pape		100. USUA. OCCUPATION (Give kind of work dane of the life, even if retired) Grocery Store owner own-retired W.Va. 11. BIRTHPLACE (State or foreign country) U. S.
4 H B E	T	Josh Kight Eliza Adams
	4	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no. or unknown) (If yes, give war or doles of service) 215-01- 8675 Theodora Kight Frestburg, Md.
the death ce he attending hen please r nd in any eve		18 CAUSE OF DEATH [Enter only one couse per line for (a). (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO
uires that gned by t permit. T emaval, a		Canditions, if any, which gove rise to immediate cause (a), stating the under DUE TO
sician. seen sig ransit p	A	lying couse last. (c)
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IAN: T tending ificate the bu		20g. ACCIDENT WAS UNDERLYING DON'T CONTRIBUTING DON'T CAUSE OF DEATH (IF EITHER, NOTIFICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II af Item 18.)
PHYSIC al or at this cert r use as ta buri		20c. TIME OF INJURY Manth, Day, Year Hour o. m. While New Injury OCCURRED P. m. 20d. INJURY OCCURRED Factory, street, of work
NDING haspite: After I ched fair		21. I certify that (I) (this hospital) attended the deceased fram Feb. 2 . 1962, to Feb. 23 . 1962, that (I) (we) to saw the deceased alive an Feb. 23 . 1962, and that death accurred at \$225. And the causes and an the date stated above
CTOR the		220 SIGNATURE MID ATTENDING MED STAFF 226 DATE SIGNE 276 DATE 277 DIRECTOR PHYS.
retoip RAL Dis shauld	1	PHYSICIAN'S NAME (Type) Martin M. Rothstein M.D. 22d. ADDRESS 48 Broadway, Frostburg, Md.
May be re o FUNERA page 3 shift he State		23d BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (C ty. town, or county) PRINCIPLE 23c. NAME OF CEMETERY OR CREMATORY Burial 22d LOCATION (C ty. town, or county) Westernport Md.
VR A1S (4)	S	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE FEB 2 6 '62 The state of
1SM 9/59		TO THE STATE OF TH

DVI AND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH N14AN PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY **b. COUNTY** ALLEGANY ALLEGANY MARYLAND b. CITY OR TOWN iff outside parparate fimits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) within 24 write RURAL and give nearest town) T.T FR FROSTBURG FROSTBURG d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, g ve street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO X executed 3. NAME OF DATE DECEASED OF HARRY G. LEWIS FEBRUARY 16, 19 (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED IF UNDER 24 HRS. AGE (In years last-birthday) Months MALE WIDOWED 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) U.S.A. JANTTOR 13. FATHER'S NAME 1 14 MOTHER'S MAIDEN NAME MARTHA JONES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyes give wer or detectors of service) LEWIS. FROSTBURG. MD. BOX MRS. EMMA 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) ternlevati hier observe gave rise to immediate cause **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO [20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH 28c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work to 2-16- 1964 that (1) (we) last 21. | certify that (1) (this hospital) attended the deceased from 2, -2 - 1962, and that death occurred at 3.7. M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22e. SIGNATURE ATTENDING, SIGNED

death.
TO FUN
director
be filed

VR A15 (4) 24 FUNERAL DIRECTOR'S SIGNATURE
15M 7/61

22c. PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

238, BURIAL, CREMATION, 236, DATE THEREOF

B. 18 162 F BG. MEMORIAL PARK

FROS TBURG, MD.

arthur & France

(State)

FROSTBURG, MD.

123c. NAME OF CEMETERY OR CREMATORY

PHYS.

22d. ADDRESS

M.D

n

DIRECTOR

250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 01401 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution- Residence before admission) o. COUNTY Allegany Harvland b. COUNTY Allerany MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Curberland 4 nos Adavs Cumberland d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? Sylvan Letreat . Jenure street YES NO FA NAME OF Middle 4. DATE Manth OF DEATH Lovdermilk Lerov r'ebruary (Type or print) 19 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 5. SEX 8 DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS Months 11/29/85 Days Hours white rale WIDOWED | DIVORCED 100. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11 /BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most affworking life even if retired) L.mrl: m.d Uablet. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lloyd Lowdermilk Sarah Rile 15. WAS DECEASED EVER IN U. 5. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise la immediate **DUE TO** cause (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO | 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or lown) (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while at work of work p. m. z'eb. 9 1902, that I last saw the deceased 21. I certify that I attended the deceased from. (ct. 5 , 1961 , and that death occurred at 100 M, from the causes and on the date stated above ADDRESS (Street, city or lawn, state) DATE SIGNED PHYSICIAN'S 49 Greene St., Co le land, Id. L. E. Mathews, I.D. NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION, (City, town, or county) 22c. NAME OF CEMETERY OR GREMATORY OF Quelen FUNERAL DIRECTOR'S SIGNATULE 26/REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE author S. France

1SM 10/57



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, it institution, Residence before edmission) a. COUNTY a. STATE **b.** COUNTY A T.T.E.C.A.N.Y
b. CITY OR TOWN (if outside corporate limits. MARYLAND MARYLAND ALLEGANT c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURA), and give negrest fown) write RURAL and give nearest town) CUM BER LA NO 6 DAYS CHMPERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X MEMORIAL HOSPITAL ALTAMONT Middle 4. DATE DECEASED OF (Type or orint) DAVTD THOMAS DEATH 19 62 6. COLOR OR RACE , 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months MALE WIDOWED [DIVORCED 10s. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) I 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) None (Infant None FROSTBURG. MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN ROBERT MARTIN MARY NATRN 15. WAS DECEASED EVER IN J.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (If yes give wer or detes of service) None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH Kespiratory System PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Intestinal obstruction geve rise lo immediate causa Malketakin and midget velvelus (e), stating the underlying PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(n); 19. WAS AUTOPSY PERFORMED? YES IN-NO [20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (Steta) factory, street, office bldg., etc.) While Not While Hour e.m. of work at work 27b. DATE 226. SIGNATURE DIRECTOR T PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type 129 S. LIBERTY ST., CUMBERLAND, MD. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION , City, town or county) REMOVAL (Specify) ₩ 2 0 Cumberland, Md. Burial SS. Peter & Paul Cem. 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) Charles L. George Cumberland. Md. 15M 7/61 161465112

hours after

RYLAND STATE DEPARTMENT OF HEALTH



01403 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY ATT TOGATIY MARYLAND ALI EGALY b. CITY OR TOWN (If outside composite limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If authide corporate limits, write RURAL and give nearest town) Rural of Cumberland Tural of Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? D. A Sacred Heart Hospital Cresaptown. Maryland YES MO T NAME OF Middle 4. DATE Month Year DEATH February (Type or print) McCusker 19 Patrick James 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. less burthday) Months Hours Davs WIDOWED [7] White DIVORCED [Male /25/1903 58 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Peoples Transit Co. Cumberland, Maryland Bus driver U. S. A. 13. FATHER'S NAME YOU 14. MOTHER'S MAIDEN NAME William Oliver McGusker Carrie Jenetta Grant V) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Elizabeth Richardson McCusker, Cresartoum, 214-07-6940 No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: CORONARY OCCURSION SUDIEN IMMEDIATE CAUSE (6) **DUE TO** CORONARY SCLEROSIS Conditions, if any, which gave rise to Immediate cause **DUE TO** (a), stating the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IId 19, WAS AUTOPSY PERFORMED? NO II 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20a. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (State) factory, street, office bldg., etc.) Hour o. m. Not while at work of work Ø. m. 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection A. Inquiry A. and find that deoth resulted from: Notural causes IX. Accident I, Suicide I, Homicide I, Undetermined couse II. DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE farwarded TO FUNERAL Feb. 1. 1962 1962 ASSISTANT MEDICAL EXAMINER Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER X R9. Cumberland. Md. NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (State) ò REMOVAL (Specify) Cumberland. Maryland Duria Hillcrest Burial Park ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) John J. Hafer. Cumberland, Maryland FEB a & Thomas DATE 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1		MAKYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	_	01404 CERTIFICATE OF DEATH U1387
aff Journal	NA)	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission
2 5 CJ	IVI)	Allegany Maryland Maryland 6. COUNTY Allegany
t ho		b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)
4 C P	í	Ionaconing X Tonaconing
thin	X.	d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give straet address) d. STREET ADDRESS a. IS RESIDENCE
w v		ON A FARM? YES NO
itad letel		3. NAME OF first Middle Last 4. DATE Month Day Year
reci pa		(Type or print) George McManus DEATH February 9 19 62
o bush		5. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
ank carl		Male White WIDOWED DIVORCED March 4.1879 82 yrs. Months Deys Hours Min.
icat ian ian ian		ioe. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore.gn country) 12. CITIZEN OF WHAT COUNTRY
certif shysic remo		Retired Miner Coal Mine Barton, Maryland U.S.A.
- G & _		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
e death fending in please		Thomas McManus McCutcheon
fen gen j		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
e tel		(Yes, no, or unkown) (Ifyesgivewerardetesofservice) No William A.Green Lonaconing. Md.
a Hangaran		
d b	;	PART 1. DEATH WAS CAUSED BY. Chronic My occrations and My occration onser and Death IMMEDIATE CAUSE (a) Degeneration Not specified as Rhematic States
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ing ing in si itrar mat	i	Conditions, if any, which
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ath all all all all all all all all all al	•	(e), stating the underlying DUE TO cause lest. (c)
E Paris	3	DADY II ATMED C CARRICANY CONDITIONS CONTRIBUTING TO DEATH BUY NOT DELETED TO THE TOWNS AND THE TOWN AND THE TOWNS AND THE TOWNS AND THE TOWN
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yest cert us		20s ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Perf I or Perf II of Item IB.)
FE 등 하는 다.	•	20s ACCIDENT WAS UNDERLY NG 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Perf I or Perf II of Item 18) OR CONTRIBUTING CAUSE OF DEATH URLE CAUSE OF D
다 한 부 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. [City or town] (County) (Stete)
Aff Aff of 1		Hour a.m. While Not While factory, street, office bldg., etc.)
EN stair of		Pani, " C C C C C C C C C
d d		21. I certify that (I) (this hospital) attended the deceased from Sept. 10, 1960, to Feb. 9, 1962 that (I) (we) lass saw the deceased alive on Feb. 2
N boundary		
The second second		ATTENDING MED. STAFF
F 9 4		22c. PHYSICIAN'S DIRECTOR PHYS. 76610 1963
HOSPIT sith. Pag. FUNER. ector, pa	1	NAME (Type) Paul R. WI/SON U.D. Predmont W. L.
C to the lead of t	1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stote)
director Fig.		REMOVAL (Specify)
H		Burial 2/12/62 Oak Hill Cemetery Lonaconing, Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS A
VR A15 (4) 15M 7/61	KK	George Eichhorn Longconing Md
	617	Donaconing, 12d. DAIL 13 '62



DVI AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 'ilm G309 Items 21 & 7 2/25/62 ink 3/19/62 iwk 2. USUAL RESIDENCE (Where decessed lived, Il institution: Residence before admission) PLACE OF DEATH e. COUNTY b. COUNTY Allegany Allegany Md. MARYLAND b. CITY OR TOWN (st outs de corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN III outside corporate limits, write RURAL and give nearest lown) write RURAL and give nearest town) Grahamtown Frostburg

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE d STREET ADDRESS _ ON A FARM? YES NO Miners Hospital Armstrong 3. NAME OF DATE Middle DECEASED OF (Type or print) DEATH 1962 Ernest Monsen COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS AGE (In years | IF JNDER 1 YEAR 8. DATE OF BIRTH last birthday) WIDOWED TO DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if relired) Machinist Railroad Oslo, Norway JJ. S. 13. FATHER'S NAME ă Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Armstrong St. Grahamtown, Md. (Yes, no, or unkown) (If yes give we ror dates of service) Katherine G iffin Sister-in-law. 18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c),] PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED: CERTIFICA 20b. DESCRIBE HOW INTURY OCCURED (Enter nature of injury in Part I or Part I of Item 18.) 20e ACCIDENT WAS UNDERLYING _ OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20e. PLACE OF INJURY (Home, ferm, " (State) 20f. (City or lown) (County) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | lectory, street, office bldg , etc.) Not While Hour e.m. at work el work 21. | certify that (I) (this hospital) attended the deceased from..... /... 1962 and that death occured are AM, from the causes and on the date stated above. saw the deceased alive on..... 22e SIGNATURE SIGNED DIRECTOR MD 22c PHYSICIAN'S NAME (Type) 23d. LOCATION (City, lown or county) 23a BURIAL, CREMATION る寺る etery Frostburg Md. St. Michael's Cemetery Haier Funerals Home 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7 64 Frostburg, Md. Einting S. Thousand



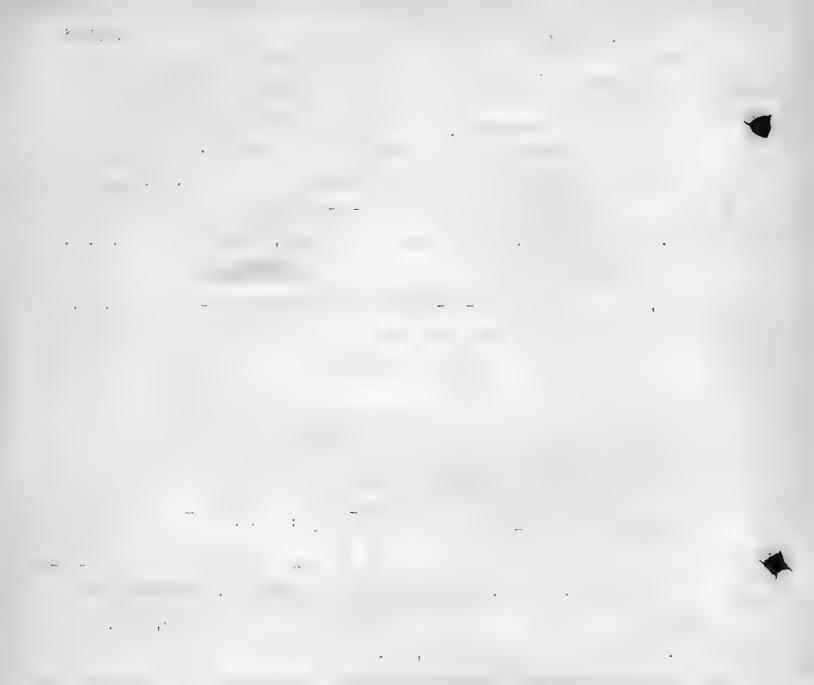
RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I yed, If institution Residence before edmission) n. COUNTY ector. Page your files. b. COUNTY llegany Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) Cumper Land 55 yrs. Cumber Land d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? Sacred Hostital YES TO NO F funer Broadwa.V 3. NAME OF 4. DATE First M ddla Month DECEASED OF the 62 (Type or print) Morris DEATH John 19 urs after death. If es 1, 2, and 3 to 1 Page 5 may be 1, 1 and 2 with th 6. COLOR OR RACE 7. MARRIED DE NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) Months Days Aug. WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? d "pending" in pencil in Item 18. Give Pages 1, 2 Examiner's Office along with form PM3. Page e used as a burial-transit permit. File pages 1 and plon, or removal, and in any eyemt within 72. done during most of working life, even if retired) Cu. berland. Md. Retir d Car Instector Railroad 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Julia F. Rvan This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOC AL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) [If yes give wer or dates of service) 74 James E. Morris, Cumberland, Ed. 18. CAUSE OF DEATH linter only one cause per line for (e), (b), and (c), (c) INTERVAL BETWEEN Sudden PART I. DEATH WAS CAUSED BY: Coronary Occlusion IMMEDIATE CAUSE (a) DUE TO Coronary Sclerosis Conditions, if any, which (b)_ gave rise to immediate cause DUE TO (a), stating the underlying be used cremation, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.011 19. WAS AUTOPSY CERTIFICATION PERFORMED? the certificate, writing the word readed to the Chief Medical E DIRECTOR: Page 3 should be ed agent, prior to burial, cremal NO A 20a. EXTERNAL CAUSE WAS 20b. DESCR BE HOW INJURY OCCURED, (Enter nature of in ury In Part , or Part II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f (City or town) (County) (State) factory, street, office bldg., etc.) ! While Not While et work at work ease execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21 I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X and in my opinion DICAL Undetermined manner Natural causes X Accident Su cide Homicide death resulted from. CHIEF MEDICAL EXAMINER designated ASSISTANT MEDICAL EXAMINER DATE SIGNED Feb. 2,68 DEPUTY MEDICAL EXAMINER 4 DEPUT Benedict skitarelic, MD Address (Straet, city, town, or county) R 9 Culliber Land, Ind. NAME (Type) 228. BURIAL, CREMATION, 1 226 DATE THEREOF 1 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Spacify) 귱 <u>_</u> Bt. Lary's Cemetery Cumber Land . Md. 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Scarpelli Cumberland, Md. without S. Thousand VS. AISME DATE SM 9/60



	DIVISION O	MAK F STATISTICAL RESEA	TLAND STATE D	S. 301 W. PRES	OF REALIN	ALTIMORE 1,	MARYLAND
7		1407	CERTIFICAT	TE OF DEA	TH	(01390
X () i	PLACE OF DEATH	Item .	13-Film-G309	III .	NCE (Where decease		Residence before edmission
\mathcal{A}_{-}	ALLE		MARYLAND		MARYLAND	,,,,,,	EGANY
) [write KURAL and g		c. LENGTH OF STAY IN 16		N (If outside corporate	hmits, write RURAL an	d grve nearest fown)
´ , -		ERLAND RIPHENSBUWARWHOKH	7 HR.45 MIN.	d. STREET ADDRE	SUMBERLAND		l e. Is RESIDENCE
**		RIAL HOSPITAL	VLO:		931 GAY ST		ON A FARM?
3.	NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Dey Yeer
	(Type or print)	BABY	GIRL	MULLENAX	OF DEATH	FEB. 17,	19 62
5.	SEX	6 COLOR OR RACE 7, MARRIE	NEVER MARRIED X	. DATE OF BIRTH	9. AG	E (In years IF UNDER 1 bothday) Months (Peys Hours Min.
10	FEMALE 3. USUAL OCCUPATION	WHITE WIDOWE	DIVORCED DIVORCED DIVORCED	2-17-62	ounty & Stelle, or foreig	yrs.	10 15
d	one during most of work	ing life, even if retired)	IND OF BUSINESS OR BADUSIA				
13	. FATHER'S NAME			14. MOTHER'S MAID	LAND, MD.	, 0	. S. A.
	WIL	LIAM MULLENAX		CATHE	RINE DEMPS	IE	
15 (Y	. WAS DECEASED EVER	IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address	
-	LIS GRUCE OF DE	ATH [Enter only one cause per li		MEMORIA	L HOSPITAL	- CUMBERLA	AND, MD.
	PART 1. DEATH	WAS CAUSED BY	Decning Lot	u En	lune		ONSET AND DEATH
	773	AMEDIATE CAUSE (a)	Respirator	7,			
	Conditions, if any,	and the same of th	Prematu	rity			10 hm
	gave rise to immediate (e), stating the und			1			
	cause last.	(c)	TRIBLITING TO DEATH BUT BY	AT DEL ATER TO THE TER	MINIAL DISCOSE CONF.	STICKLE COURT IN SAR	TICLIAN DIAS A MOREY
CERTIFICATION	PARI II, OTHER S	SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT 140	OF RELATED TO THE TER	MINAL DISEASE CORE	MION GIVEN IN PAK	PERFORMED?
18	20s. ACC DENT WAS	S UNDERLYING [] 206. DES	CRIBE HOW INJURY OCCURED	Ester neture of neury	in Pert I or Pert II of its	m 18)	112 - 110 -
	OR CONTRIBUTING E	AEDICAL EXAMINER)					
Z Z	20c. TIME OF INJURY	Y Month, Dey, Year 20d. While		CE OF INJURY (Home, I	erm, 20f. (City or to	wn) (Cou	inty) (Stete)
WEDI	p.m.	19 et worl			1		
	21. I certify tha	at (1) (this hospital) attend	led the deceased from.		3:45 P!M.		, that (I) (we) las
	saw the decease	d alive on	19, and that	death occured at	M, from the	causes and on	the date stated above
	Ru	lierthe &	will	ATTENDING PHYS.		AFF IYS.	SIGNE
	22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS			
-		DR. ROBERT D.	BRODE LL			CUITY ST., CUIT	MBERLAND, NO
	REMOVAL (Specify)	17 - 62.		HospitaL	Cumb	(City, town or count	Mary (Stelle)
24	CREMATION DIRECTOR'S	GIGNATURE?	A DDRESS		REC'D BY REGISTRAR	256. REGISTRAR'S	SIGNATURE
1	Copy	buly Tope	Memois	D HO DATE	FEB 2 6 '62	Coulus à	8. Minus
7				4			



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) e. COUNTY b. COUNTY within 24 hours ALLEGANY ALLEGANY MARYLAND MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate firmts, write RURAL end give nearest town) write RURAL and give nearest lown) MINUTES **CUMBERLAND** d. NAME OF HOSPING ALINS BITUTION AND INTERPOLATION STREET address d STREET ADDRESS o. IS RESIDENCE ON A FARM? HOSPITAL YES NO Y executed 3. NAME OF Middle DATE Yes MAAN DECEASED OF (Type or pont) DEATH JOHN FEB. PEDDER 9. AGE (In years IF UNDER TYEAR 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 84 birthday) IF UNDER 24 HRS. certificate be and Months MALE WIDOWED [DIVORCED I 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 12. CITIZEN OF WHAT COUNTRY? County & Stele, or foreign country) done during most of working frie, even if refired) ENGLAND. Widnes Chg. of Bleach Plt. Paper Industry U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES PEDDER SARAH Summersgill 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unknwn) | {|fresgive wer or dates of service| MEMORIAL HOSPITAL - CUMBERLAND, MD. 109-01-4649 18. CAUSE OF DEATH [Enter only one cause per line for [a], [b], end [c].] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Hepatic Coma waaks IMMEDIATE CAUSE (a) DUE TO Cirrhosis of Liver years Conditions, if any, which geve rise to immediate cause DUE TO (e), stelling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO K 20a ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. [Enter nature of injury in Pert I or Pert II of Item 18.] OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20e, PLACE OF INJURY (Home, farm, 1 Month, Day, Year 20d. INJURY OCCURRED 20f. (City or fown) (County) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work 21. I certify that (1) (this hospital) attended the deceased from 9...1962..., and that death occured ar.......M, from the causes and on the date stated above. 22b. DATE 220 SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR 2-17-62 22d. ADDRESS 22c PHYSICIAN'S NAME (Type DR. RALPH W. BALLIN 62 GREENE ST., CUMBERLAND, MD. ector, 230. BURIAL CREMATION. 23d. LOCATION (City, town or county) O.F. S REMOVAL Cumberland. Rose Hill Cemetery Buria ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Cumberland. Md. Wayne George * EE 2 0 '62 Cerching S. France



TO HOSPITAL. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be retained by the hospital or attending physician.

S. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filling by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove capon papers. Page 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

DIVISION OF STA	TISTICAL RESEAR	CH AND RECOR	DS, 301 W. PRESTO	N STREET,	BALTIMORE	MACHADA	ND
0140	9	CERTIFICA	TE OF DEATH		O.	TOOM	
1. PLACE OF DEATH a. COUNTY ALLEGANY b. CITY OR TOWN (if outside of COUNTY OR TOWN (if outside of COUNTY OF TOWN) d. NAME OF HOSPITAL OR INS	ist lown)	MARYLAND LENGTH OF STAY IN 16 21 HRS.	II a, STATE MARYLANI	1	b. COUNTY ALL te limits, write RURAL	EGANY and give nearest	
MEMORIAL HOS 3. NAME OF DECRASED (Type or print)	FITAL First CARL R OR RACE 7. MARRIED	Middle	35 RYE ST	REET DATE OF DEATH	Month FEBRUARY AGE (In years IF UNDIt ast buthday) Months W yes.	Day 1	N A FARI NOV Yeer 19 62 DER 24 HR
10e. USUAL OCCUPATION (Give done during most of working life, or FARMER (RET 13. FATHER'S NAME PETER PETER 15. WAS DECEASED EVER IN U.S. (Yes, no, or unknown) (Ifyesgive wo	SON ARMED FORCES? 16, SOC	PARM	SWITZERLAND 14. MOTHER'S MAIDEN N SOPHIA HUS	& State, or for		USA	T COUNT
Conditions, it any, Which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO (b) DUE TO (c) ANT CONDITIONS CONTRIB	rencless Uning to DEATH BUT N	MEMORIAL HOS cia right an is generally is related to the termina	ed, me		INTERVAL ONSET AN I WE ART 1(a) 19. WA	
- I	EXAMINER) 11h, Day, Year 20d. INJU While 19 ef work	Not While fa	ACE OF INJURY (Home, ferm, clory, street, office bldg., etc.)			County) 19, that (1)	(State)
saw the deceased alive 22a. SIGNATURE 22c. PHYSICIANS NAME (Type)	ter fleter.	mo	ATTENDING MIPHYS. DII	D. RECTOR	he causes and or		ated abo 22b. DAT SIGN
236. BURIAL CREMATION 236. REMOVAL (Specify) BURIAL FE 24 FUNERAL DIRECTOR'S SIGNAL BYRON KIGHT	B.12, 1962	ADDRESS	ETERY 25a. REC'	DUI	ON (City, town or co BUQUE, IOW) AR 25b. REGISTRAR	1	(State)

MARYLAND STATE DEPARTMENT OF HEALTH

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又 1			MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
- Te		-	01410 CERTIFICATE OF DEATH	AT939 _
휼	M)		LACE OF DEATH COUNTY Allegany Maryland 2. USUAL RESIDENCE (Where deceased I'ved, If institutions is a state Maryland b. county Allegany Maryland	lesidence before admission).
nd 2		- b	MARYLAND MELTY LCTIU AND CITY OR TOWN (I outside corporate limits, write RURAL and give nearest fown) CITY OR TOWN (If outs'de corporate limits, write RURAL and give nearest fown)	0
fer d			Culberland 65 yrs. 02 Cumberland	
rs a	X	1.	NAME OF HOSPITAL OR INSTITUTION (if not in hospita), give street address) d. STREET ADDRESS	o. IS RESIDENCE ON A FARM?
pers.		3. 1	26 E. Roberts Street Street 86 E. Roberts Street	Day Year
mple pap			ECEASED (yps or print) Margaret Ann Poole DEATH Feb.	10 1962
d col bon withi		5.	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER T	YEAR IF UNDER 24 HRS.
car ant,		I	emale White widowed by divorced Aug. 10, 1000 of you	
siciai move		don	during most of working life, even if retired)	USA
phy se rei			FATHER'S NAME 14 MOTHER'S MA DEN NAME	-
please	(T)		Silas Iser Slemma Foltz	
hen l	(1)		WAS DECEASED EVER IN U.S., ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address no, or unknwn] [(Ifyesgivewarordatesofservice)	24.3
the a		T	no none Mr. Ernest Poole, Flintstone,	MC .
ician by ermi			PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
phys gned sif p			IMMEDIATE CAUSE (b) PICINE CONDITING OCCURSION	
ling en si emaf		П	Conditions, if any, which (b) Arteriosclerotic cardiovascular disease	_
attencist because burial			(a), stating the underlying DJE TO (Multiple small stroke syndrome)	Years
or is the	41	Z O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAYED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
spital liffica e as r fo	9			YES NO
his cert for us h prio		54	OB. ACC.DENT WAS UNDERLYING 206. DESCR BE HOW INJURY OCCURED, (Enter nature of injury in Part II or Part II of Tem 18.) OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	
fter # ched Healt		3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Hour s.m. While Not While factory, street, office bldgs, etc.)	nty) (State)
R: A deta		MEDI	p.m19 at work at work	
			21. I certify that (I) (this hospital) attended the deceased from $10.28 - 54$, 19. , to $12.28 - 62$	
REC houle			saw the deceased alive on	22b, DATE
the State of the S			M.D. ATTENDING MED? TO STAFF PHYS. DIRECTOR PHYS. []	2-13-62
Page with	1		22c. PHYSICIAN'S NAME (Type)	44.
G, C	,	23a	G. Overton Himmelwright, M.D. 133-Virginia Ave Cumberland BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or count	y) (State)
O P P P		В	EMOYAL Greecity Feb. 14, 1962 Sunset Memorial Park Cumberland, Me	d.
/R A15 (4)	2	24	UNERAL DIRECTOR'S SIGNATURE ADDRESS A	SIGNATURE
15M 9/60	3/1		DATE FER 15'62	France

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01411 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) e. COUNTY **b.** COUNTY a. STATE the od 2 ALLEGANY MARYLAND MARYLAND AT LEGANY b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) CUMBERLAND DAY **CUMBERLAND** . IS RESIDENCE d. NAME OF HOSEMADEN INSTITUTION AFRICE INCHES d. STREET ADDRESS AVE Street address) ON A FARM? YES NO X MEMORIAL HOSPITAL 207 DEXTER NAME OF Middle DATE DECEASED OF 1962 (Type or print) MARY ETTA DEATH PRICE FEB. and co 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED IF UNDER 24 HRS. AGE IIn years LIF UNDER 1 YEAR B. DATE OF BIRTH last birthday) Months Devs WIDOWED ! DIVORCED FEMALE 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) done during most of working life, even if retired) PENNSYLVANIA, Artemas Housewife. Own home U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THOMAS LEASURE ANNABELL BARNES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknown) : (If yes give war or dates of service) No. None MEMORIAL HOSPITAL -CUMBERLAND, NO. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Lat DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), steting the underlying PART I. OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE ARMINAL DISEASE CONDITION GIVEN IN PART CERTIFICATION PERFORMED NO 20b. DESCRIBE HOW INJURY OCCURED. [Enter neture of injury in Part I or Part I. of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH WEDICAL (Stele) 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) 20c. TIME OF INJURY Month, Day, Yeer lectory, street, office bldg., etc.) While Not While Hour A.m. at work et work 21. | certify that (I) (this hospital) attended the deceased from.) saw the deceased alive on...... 22b. DATE 220. SIGNATURE 2/2/62 GNED ATTENDING MED STAFF DIRECTOR PHYS C AN'S TRAME (Type) **GEORGE** M. SIMONS ALGONQUIN HOTEL, CUMBERLAND, MD. 23a, BURIAL, CREMATION, 123b, DATE THEREOF 23d. LOCATION (City, lown or county) (Stele) REMOVAL (Specify) 0.4 % Sunset Memorial Park Cumberland. Buria 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS **VR A1S (4)** Chrimos & Kraus 1SM 7/61 Cumberland, Md. Charles George DATE

24

within

RYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01412 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) e. COUNTY b. COUNTY ALLEGANY MARYLAND MARYLAND ALLEGANY b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give necrest town) write RURAL and give neerest town) CUMBERLAND DAYS CUMBERLAND. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL RT. #2, WILLIAMS ROAD YES NO K NAME OF Middle DATE 4. DECEASED OF (Type or print) WALTER R. REXROAD DEATH 62 FEBRUARY 19 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE [In years last birthday) Months MALE WIDOWED [DIVORCED JA NUA RY 10a. USUAL OCCUPATION IG ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) CUMBERLAND CEMENT & SUPPLY MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN E. REXROAD REBECCA ROBISON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) [(Ifyesgivewerordatesofservice) CUMBERLAND. MARYLAND MEMORIAL HOSPITAL 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) deve rise to immediate cause **DUE TO** (e), stating the underlying cause last, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY CERTIFICATION PERFORMED! 20a ACCIDENT WAS JNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I of Pert I of tem 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. at work až work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. M.D. O 926 PHYSICIAN'S 22d. ADDRESS NAME (Type) GEORGE M. SIMONS ALGONQUIN HOTEL - CUMBERLAND. MD. 23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State) REMOVAL (Specify) . Mt Herman Cemeterv Cumberland Marvland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE FEB 2 1 '62 Cillian & France Cumberland Ruth E. Silcox Marvland

MARYLAND STATE DEPARTMENT OF HEALTH

within 24 hours

death

executed

pue

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VR ATS (4)

15M 7,61



OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY Allegany b. COUNTY Allegany MARYLAND b. CITY OR TOWN (if ours de corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) C. LENGTH OF STAY IN 16 write RURAL and give nearest town) 10/28/1955 Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Allegany County Infirmary Maryland Avenue YES NO K 3. NAME OF last 4 DATE Middle DECEASED DEATH February (Type or print) Richl 62 Eva 19 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IF UNDER TYEAR 5. SEX IF UNDER 24 HRS. 7. MARRIEC . NEVER MARRIED ast birthday) Months Female WIDOWED [DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Meat Cumberland, Maryland U.S.A. Retired: 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Riehl Christina Griesman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT P. O. BOX 599 Address Cumber Land . Md. (Yes, no, or unkown) (If yes give war or dates of service) Allegany County Infirmary records. 18. CAUSE OF DEATH [Enter only one cause per tine for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-MMED ATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CERTIFICATION PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCR BE HOW INJURY OCCURED. (Enter nature of injury in Part t or Part II of stem 18) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from 10/28/ **162.....**, 19....., that (I) (we) last 19..... to ... 2/ saw the deceased alive on. 22b. DATE 22a. SIGNATUR ATTENDING DIRECTOR PHY5. M.D. 22d. ADDRESS 22c. PHYSICIAN NAME (Type) Greene St. . Cumberland. Md. 238. BURIAL, CREMATION, | 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) REMOVAL (Specify) O To S ŏ BURTAL CUMBERLAND, MD. LUTHERAN CEMETERY REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS. VR A15 (4) 24 FUNERAL DIRECTOR'S SIGNATURE BYRON KIGHT CUMBERLAND, MD. tur S. Thous 15M 7,61

within 24 hours after

executed

AND STATE DEPARTMENT OF HEALTH

0": 6" The Burney : 1,5 45 x 2 x 2 x 3 (25) \$ 5.3 (8

2 13	DIVISION OF STATISTICAL RESEARCH AND RECORD 1414 CERTIFICAL	RDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
funeral	1. PLACE OF DEATH s. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission)
by the	ALLEGANY b. CITY OR TOWN (if outside corporate limits, write RUCUMBE'RL'AND town) 25 HRS.	PENNSYLVANIA BEDFORD V
ours street (0	d. NAME ON AND RUNSHTUNG TO K how VES " street address) MEMORIAL HOSPITAL	d. STREET ADDRESS 6. IS RESIDEN ON A FARR YES \(\) NO \(\)
completely on papers thin 72 h	3. NAME OF First Middle DECEASED (Type or print) DOVE E.	RITCHEY A. DATE OF DEATH FEBRUARY 6, 19 62
e carbon	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 100. USUAL OCCUPATION (Give hind of work 10b. KIND OF BUSINESS OR INDUSTRIES)	FEB. 28, 1894 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR. Annual Pays Hours Min. Months Days Hours Min.
ng physicisase remov	done during most of working life, even if retired) 13. FAEIngineer B&O Railroad	Wandman Da IISA
attending physician. has been signed by the attendir burial-transit permit. Then ple rial, cremation, or removal, and	CLINTON RITCHEY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [Ifyes give were ordetes of service) NO 18. CAUSE OF DEATH [Enter only one cause per line for [e], (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e, Conditions, if eny, which gave rise to immediate cause [a], steting the underlying cause lest. DUE TO DUE TO Cause lest.	MARY FERNER INFORMANT MEMORIAL HOSPITAL - CUMBERLAND, MD. ROCKET AND DEATH ONSET AND DEATH ONSET AND DEATH A Cacute hemorrhagic 48hir
this certificate of this certificate of for use as the allth prior to but	PART I. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CLUCIOL 200. ACCIDENT WAS UNDERLYING 120b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING 120bs of DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS PERFORMED? YES NO [PROPERTY NO PART Or Part Or Part Or Hom 18.)
OR: After Society of Helphirol	Hour a.m. While Not While p.m. 19 st work st work	PLACE OF INJURY (Home, ferm, 20f. (City or fown) (County) (State) ectory, street, office bldg., etc.)
Page may be re IERA DIRECTO page 3 should be with the State De	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19.6.2 and the 22c. SIGNATURE 22c. PHYSICIAN'S NAME (Jupe) DR. WYLIE M. FAW. JR.	M.D. PHYS. DIRECTOR PHYS. CUMBERLAND. MD.
TO FUNI director, be filed	236. BURIAL, CREMATION, 236. DATE THEREOF 236. NAME OF CEMETER REMOVAL (Specify) Feb. 9, 1962 Hyndman	Y OR CREMATORY 23d. LOCATION (City, lown or county) (State) Cemetery Hyndman, Pa.
VR A15 (4) 15M 7/61	Wavely A heigher Hyndman, Pa.	DATE FEB 9 '62 25b. REGISTRAR'S SIGNATURE



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MA 01415 in this Division 2/20/62 within 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY **b.** COUNTY ALLEGANY MARYLAND ALLEGANY b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest lown CUMBERLAND DAYS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL YES NO X 3. NAME OF Middle Lest DECEASED JOSEPH (Type or print) A . RUPPE NKAMP DEATH 19 FEBRUARY 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF JNDER 1 YEAR | IF UNDER 24 HRS. last birthday) MALE WIDOWED [DIVORCED T physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. . THPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) RETIRED MECH_ HELPERB. & O. R.R.CO. CUMBERLAND, MARYLAND U.S.A. then please r 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOSEPH RUPPENKAMP SOPHIA BRINKER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT Address (Yes, no, or unkown) (If yes give were rdeles of service) MEMORIAL HOSPITAL - CUMBERLAND, MD. 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), end,(c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if env. which gave rise to immediate cause cause last. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 611 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO [200, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH 20d, INJURY OCCURRED ! 20e, PLACE OF INJURY (Home, form, (Slete) 20c. TIME OF INJURY Month, Day, Year 2Df. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work 156. 196. 2 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from... M, from the causes and on the date stated above. and that death occured at saw the deceased alive on..... 22b, DATE 22e SIGNATURE ATTENDING SIGNED ALED. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) 122 S. CENTRE STREET, CUMBERLAND, MD. 238, BURIAL, CREMATION, | 236, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) O ÷ & Feb. 12.1962 lary's Cemetery Cumberland, Md. 25s, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) FEB 1 4 '62 a that S. Thanks Scarpelli Cumberland, Md. 15M 7/61 /

YLAND STATE DEPARTMENT OF HEALTH

FOR STATE

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01415 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01399

HEALIH DEPI.	1. PLACE OF DEATH	USUAL RESIDENCE (Where decreased lived, If institution: Residence before edmission)
agy,	• COUNTY Allegany MARYLAND	•. STATE Maryland b. COUNTY Allegany
N F±€	b. CITY OR TOWN (if outs de corporete limits, c. LENGTH OF STAY IN 1b write RJRAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RJRAL and give necrest town)
o do in do	_Cumberland 68 yrs. 2	Cumberland
To a	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give streat address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
dely ner ned the B	Lemorial Hospital	46 Utah Aye. YES NOK
any ra fu stair Sta deat	3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year
市. 計 お か は か は か は か は か は い は い		hade DEATH Feb. 23 1962
deat day bwith safe		TE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months, Days Hours Min.
5 m 5 m 1 2	10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1	b. 25, 1893 68 yr.
s aff	done during most of working life, evan if retired)	
Jour J. Pa Jies 1 Hin	Retired Carpenter Construction Cd.	Cumberland, Id. USA
7 2 2 2 7		Anna B. Hahn
語ら言語を	IE WAS DECLASED THE DAY OF A PAIR CORPER AND SOME	
7 4 18. X	(Yes, no, or unkown) [(Ifyes giva war or defas of servica)	
ter with with with with with with with with	18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Arthur E. Schade, Cumberland, Ad.
ong ong itin	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEM	ORRHAGE ONSET AND DEATH
be ence	DUE TO	Z HIS.
in p Offic oval		EROTIC CARDIOVASCULAR DISEASE
sho r's (gave rise to immediate cause (e), stating the underlying DUE TO	The state of the s
icate andina ina ida	cause lest. (c)	
Exar Exar Ition	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
vorcell call dema		YES NO I
the vithe vi	206. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	sture of 'njury in Part I or Part II of item 18.)
ing ing and a second		F INJURY (Home, farm, 20f. (City or town) (County) (State)
Wag Ch	Hour e.m. While Not While	reet, office bldg., etc.)
State of the state	p.m. 19 et work at work 21. I certify that I took charge of the remains described above, held at	Autopsy , Inspection . Inquiry . and in my opinion
A Part of the Part	death resulted from. Natural causes	
DIC Bride age	Account to the state of the sta	CHIEF MEDICAL EXAMINER
Z Ž Ž D P	ACTUAL S	ACCICTANT MEDICAL EVANING TO THE GLOSTED
BAI BAI igne		DEPUTY MEDICAL EXAMINER FX Feb. 23, 1982
NE desi	examiner's Benedict Skitarelic M.D.	Address (Streat, city, town, or county) 11mber Address (Streat, city, town, or county) 11mber MATORY 22d. LOCATION (City, lown, or county) 11d (State)
Sho sho	KEMEDAN' (JOSCITA)	
6 <u>9</u> 4 6 g	Burial Feb. 26, 1962 Rose Hill Ce	
VS. AISME	23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
5M 9/60 410	James F. Scarpelli, Cumberland, ad.	DATELLE 1 '62 Carry S. Flores



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) A LLEGANY a. STATE **b.** COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) CUMBE RLAND CLIMBE RLAND DAYS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL 29 ELDER ST. YES NO TO 3. NAME OF 4. DATE Middle Month Yes DECEASED OF ROBERT FEB. 19 62 SETTLE (Type or print) DEATH 19 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8 DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Days WIDOWED X DIVORCED physician 10e. USUAL OCCUPATION IG ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE County & State, or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if retired) VIRGINIA Rappahanodk Raliroad Retired Carman please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending ASHBY SETTLE LUCY SETTLER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknown) | (If yes a vewer or detes of service) 18. CAUSE OF DEATH (Enter only one cause per line for [e], (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), stating the undersying cause last. PART II, OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Y 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 20e ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY [Home, farm, (County) (Stete) 20c. TIME OF INJURY Month, Dey, Year 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While et work at work 21. I certify that (I) (this hospital) attended the deceased from.... saw the deceased alive on 22e. SIGNATURE SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS. 64.D. 22c. PHYSICIAN'S 22d. ADDRESS IRGINIA AVE. CUMBERLAND. MD. DURRET 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) 29a, BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) 0 5 8 Cumber land, Md. Burial Greenmount Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE ADDRESS VR A15 [4] 15M 7/61 Scarpelli Cumberland, Md. DATECER 2 6 162 Chur & Traut

within 24 hours after

executed

YLAND STATE DEPARTMENT OF HEALTH

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YLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaasad lived, If institution, Residence bafore edmission) a. COUNTY **b.** COUNTY Allegany Allegany Maryland MARYLAND b. CITY OR TOWN (if outside corporete I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) write RURAL and give neerest town) Cumberland 40 Years Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 320 Bedford Street 320 Bedford Street YES NO K 3. NAME OF Middle 4. DATE Month Yaar DECEASED OF (Type or print) Shewbridge George Blaine DEATH February 62 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) and Months Days Male WIDOWED [February hours a ages 1, 2. Page 5 1 and 72 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Retired Celanese Employee West Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjamin Shewbridge Mary 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 320°Bedford Street (Yas, no. or unkown) | (If yes give war or datasof service) Mrs. Bessie Shewbridge Cumberland, Maryland 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). INTERVAL BETWEEN along PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) CORONARY OCCLUSION SUDDEN **DUE TO** Conditions, 'f any, which CORONARY SCLEROSIS gave rise to immediate ceuse **DUE TO** (e), stating the undarlying cremation, o cause lest. PART J. OTHER S GN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 41, 19. WAS AUTOPSY CERTIFICATION PERFORMED? Medical I NO T 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury 'n Part I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State) Be fectory, street, office bldg., etc.) Hour a.m. Whila _Not Whira at work et work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry 1 and in my opinion death resulted from Natural causes X Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE Feb. 22, 1962 DEPUTY MEDICAL EXAMINER PA should b EXAMINER'S SKITARELIC, M.D. NAME (Typa) Addrass (Street, city, town, or county) Cumberland, Md. 22a, BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) <u>240</u>9 Burial Mt Herman Cemetery Cumberland Marvland 23. FUNERAL DIRECTOR ADDRESS 246 REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE VS. AISME 5M 9/60 DATE EB 2 6 '62 Ruth E. Silcox Cumberland Maryland Comi & S. Thomas

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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
r job	01419 CERTIFICATE OF DEATH 01402
24 hours after in by the funer of dearth.	1. PLACE OF DEATH a. COUNTY ALLEGANY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown) CUMBERLAND 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admiss e. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 1b CUMBERLAND 3. CUMBERLAND CUMBERLAND 4. LEGANY c. LENGTH OF STAY IN 1b CUMBERLAND 5. DAYS CUMBERLAND 7. CUMBERLAND 8. CUMBERLAND
ly in all nours aff	d. NAME OF HOSPITAL OR INSTITUTION (It not in hospital, give street address) MEMORIAL HOSPITAL ON A FAR YES \[\bigcup NO \]
executed complete n paper hin 72 t	3. NAME OF DECEASED Lest 4. DATE Month Day Year OF Composite of the control o
an and c	S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED S DATE OF BIRTH MALE WHITE WIDOWED DIVORCED JULY 31, 1884 109. USUAL OCCUPATION (Give kind of work 1 10b, KIND OF BUSINESS OR INDUSTRY 11 8 RTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNT
th certific g physici ase remov in any e	done during most of working life, even if relired) Retired B & O Employee Maintenance Dept PENNSYLVANIA U.S.A. 13. FATHER'S NAME U.S.A.
the deal	DOSH SHIPLEY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown), (Ifyes give wer or dates of service)
v requires that g physician. signed by the ansit permit. antion, or remo	NO 1219-03-9507 MEMORIAL HOSPITAL CUMBERLAND, MD. 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO DUE TO
f: The lay or aftendin has been ne burial-h uriel, crem	Conditions, ferry, which gave rise to immediate causa (a), stating the underlying cause last.
SICIAN cospital contributions as the set of	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP. PERFORMED. YES NO
G PHY by the I- er this c hed for lealth p	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State)
etained OR: Aft be detac ept. of h	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Gity or town) (County) (State) factory, street, office bldg., etc.) 21. 1 certify that (I) (this hospital) attended the deceased from 12 14 10 17 17 19 19 19 19 19 19 19 19 19 19 19 19 19
may be remained by the DIRECT of the State Double bith the State Double by the State D	saw the deceased alive on
death. Page of Funesh	NAME (Type) JAMES G. STEGMAIER 122 S. CENTRE ST., CUMBERLAND, MD. 23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
VR A15 (4) 15M 7 61	Burial 2/20/62 Sunset Memorial Park Cumberland Maryland ADDRESS PROTECTOR'S SIGNATURE ADDRESS PROTECTORY SIGNATURE Ruth E. Silcox Cumberland Maryland DATEFEB 2 3 '62 Calling B. Krama



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MA CERTIFICATE OF DEATH 91420 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) a. COUNTY **b. COUNTY** ALLEGANY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) HRS. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM HOSPTTAL YES NO 3. NAME OF DATE First Middle DECEASED 62 (Type or print) DEATH MATLITAM W. SLUSS 19 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR and Last birthday) Months Hours WIDOWED X DIVORCED physician se remove o 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) RETIRED GROCER STORE 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Then please .5 ANNA M. SHULTZER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) FROSTBURG, MD. WM. W. SLUSS, JR. 18. CAUSE OF DEATH [Enter only one cause per time for (e), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 2De, ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of Item 18.) OR CONTRIBUTING [] CAMSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or lown) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour e.m at work at work 21. I certify that (1) (this hospital) attended the deceased from 19.5 to 2/ 25 ..., 196. 7 that (1) (we) last 1962, and that death occured at A.M., from the causes and on the date stated above ATTENDING 226. DATE 22n. SIGNATURE DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S FUNER BROADWAY. ROTHSTEIN. M. D. O FUNI director, be filed 236. BURIAL, CREMATION, 236. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stete) REMOVAL (Specify) FROS TBURG. MD. BURLAL 162 F'BG. 25m. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7 61 FROSTBURG. MD. DATE C-Thur & House

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requires that the death

DYLAND STATE DEPARTMENT OF HEALTH



	PLACE OF DEAT	TH Ite	m 8 Film G308	1 2. USUAL RESIDEN	CE (Where deceased lived, If In	nstitution: Residence before edm
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VI-	ALLEGANY b. City OR TOWN	(if outside corporate limits,	e. LENGTH OF STAY IN 16	MARYLAND	f outside corporate limits, write	RURAL end give nearest lown
	CHMBERT AN	nd give nearest town)	26 DAYS		2 71	
-			not in hospitel, give street address)	d, STREET ADDRESS	04	. e. IS RESID
-	SACRED H		in isospino, give another wastes,		IPSHIRE AVE.	ON A FA
13	NAME OF	T <u>rantit</u> First	Miādīe	last	4. DATE Month	YES NO
	DECEASED (Type or print)				OF DEATH TOTAL	10.4
Ę	. SEX	MARGARET		TNG 8. DATE OF BIRTH	9. AGE (In years 1)	21 1962 F UNDER 1 YEAR IF UNDER 24
1			THE YER HERRICES		lest birthday)	Months Days Hours A
	EMALE	994 h dad dad 1	WIDOWED DIVORCED	5/ 31/ 1897 18	86 J J yrs.	LIS CITITIN OF WHAT COLL
18	one during most of v	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUST			12. CITIZEN OF WHAT COU
	FATHER'S NAME	CLERK	GOVFRN.JINT		-HANCOCK,	U.S.A.
. 13	L PATHERS NAME	_	3.0	1 14. MOTHER'S MAIDEN		
7	DECEASED				_ Loretta Ort	trian _
1 8	es, na, or unkown)	EVER IN U.S. ARMED FORCE [(lfyesgivewarordetesofserv	5? 16. SOCIAL SECURITY NO. 17.		Address	
- :	no			CHART		
			suse per line for (e), (b), and (c).].	1/2	T 0.	ONSET AND DEA
	PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Courcetive	Hay 1	ackle, c	2.6 da
	1	DUE TO	6.10	1-101	acluse ovasculas	12.
	Conditions, if an	(10)	Certenosco.	oth Caral	ovasculo t	Harry Shrow
				- / -		
	gave rise to imme	A DITE TO	,	,		
		A DITE TO				
NO.	gave rise to imme (e), sletting the cause last,	underlying DUE TO	DNS CONTRIBUTING TO DEATH BUT N			N IN PART 1(e) 19. WAS AUT
ATION	gave rise to imme (e), sletting the cause last,	underlying DUE TO				
THEATION	gave rise to imme (e), sleting the cause last. PART II. OTH	underlying DUE TO [c] _ HER SIGNIF CANT CONDITION		IOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART 1(e) 19. WAS AUT
CENTIFICATION	gave rise to imme (e), sleting the cause last. PART II. OTH	underlying DUE TO (c) _ HER SIGNIF CANT CONDITION	DNS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUT
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"	pave rise to imme (e), sleting the cause last. PART II. OTH 20e ACCIDENT NOR CONTRIBUTIN (IF EITHER, NOTIF	Underlying DUE TO [c] HER SIGNIF CANT CONDITION WAS UNDERLYING 22 IG CAUSE OF DEATH FY MEDICAL EXAMINER; UURY Month, Day, Year	ONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMIN	Part I or Part II of Item 18.)	N IN PART 1(a) 19. WAS AUT PERFORM YES NO
MEDICAL CERTIFICATION	pave rise to imme (e), sletting the cause last. PART II. OTH 20e ACCIDENT OP CONTRIBUTIN (IF EITHER, NOTIE) 20c. TIME OF IN. Hour e.m. p.m	UNDERLYING 2 WAS UNDERLYING 2 GG CAUSE OF DEATH FY MEDICAL EXAMINER; UURY Month, Day, Yeer 1, 19	20b. DESCRIBE HOW INJURY OCCURE 20d. INJURY OCCURED , 20e, P. While Not While fa	D. (Enter nature of in ury in ACE OF INIURY (Home, fair) ctory, street, office bidg., etc.	Part I or Part II of I'em 18.)	N IN PART 1(a) 19. WAS AUT PERFORM YES NO
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"	gave rise to imme (e), sletting the cause last. PART II. OTH 20e ACCIDENT OR CONTRIBUTING (IF EITHER, NOTE) 20c. TIME OF IN. Hour e.m. p.m. 21. certify saw the december of the cause	UNDERLYING 2 IG CAUSE OF DEATH FY MEDICAL EXAMINER; UNURY Month, Day, Yeer that (I) (this hospital assed alive on	20b. DESCRIBE HOW INJURY OCCURE 20d. INJURY OCCURED , 20e, P. While Not While fa	D. (Enter nature of in ury in ACE OF INIURY (Home, fair) ctory, street, office bldg., etc.	Part I or Part II of Item 18.) 201. (City or town)	(County) (SI
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"	gave rise to imme (e), steting the cause last. PART II. OTH 200 ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF IN. Hour e.m. 21. certify saw the dece.	Underlying DUE TO [c] HER SIGNIF CANT CONDITION WAS UNDERLYING 2 IG CAUSE OF DEATH FY MEDICAL EXAMINER; JURY Month, Day, Year that (1) (this hospital passed alive on	20b. DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURED, 20e. Pl White Not While of work at work 1 21 attended the deceased from 19 62, and the	ACE OF INTERS Home, farm at death occurred at	Part I or Part II of Item 18.) 201. (City or fewn) 1902. to 122	(County) (Signature)
"	gave rise to imme (e), sletting the cause last. PART II. OTH 20e ACCIDENT OR CONTRIBUTING (IF EITHER, NOTE) 20c. TIME OF IN. Hour e.m. p.m. 21. certify saw the december of the cause	Underlying DUE TO [c] HER SIGNIF CANT CONDITION WAS UNDERLYING 2 IG CAUSE OF DEATH FY MEDICAL EXAMINER; JURY Month, Day, Year that (1) (this hospital passed alive on	20b. DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURED, 20e. Pl White Not While of work at work 1 21 attended the deceased from 19 62, and the	ATTENDING M.D. PHYS.	Part I or Part II of Nem 18.) 201. (City or town) 1902, to	(County) (Steel and on the date stated a 22b.
WEDICAL	200 ACCIDENT OF CONTRIBUTING (IF EITHER, NOTH P.M. Saw the dece. 22c. PHYSICIAN NAME (Typ.	underlying DUE TO [c] HER SIGNIF CANT CONDITION WAS UNDERLYING 2 IG [1] CAUSE OF DEATH FY MEDICAL EXAMINER; UJURY Month, Day, Year that (1) (this hospital passed alive on	206. DESCRIBE HOW INJURY OCCURRED 200. P.	D. (Enter nature of in ury in ACE OF INIURY (Home, farm clory, street, office bldg., etc.) ATTENDING PHYS. 22d, ADDRESS 5 4 FF	Part I or Part II of Item 18.) 201. [City or fewn] 201. [City or fewn] AED., from the causes a physical phys	(County) (SI (C
MEDICAL	200 ACCIDENT OF CONTRIBUTING (IF EITHER, NOTH P.M. Saw the dece. 22c. PHYSICIAN NAME (Typ.	UNDERLYING 2 HER SIGNIF CANT CONDITION WAS UNDERLYING 2 IG 1 CAUSE OF DEATH FY MEDICAL EXAMINER; UURY Month, Day, Year that (1) (this hospital passed alive on	20b. DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURED, 20e, Pl While of work not while of work not work to the work not	ACE OF INTURY (Home, farm clery, street, office bidg., etc. ATTENDING PHYS. 22d. ADDRESS 5 9 OR CREMATORY	Part I or Part II of I'em 18.) 201. (City or fown) 1962, to	(County) (SI (C
TEDICAL WEDICAL	gave rise to imme (e), sleting the cause last. PART II. OTH 200 ACCIDENT OF CONTRIBUTIN (IF EITHER, NOTH 20c. TIME OF IN. Hour e.m. 21. certify Saw the dece. 22c. PHYSICIAN' NAME (Typ.) 3a. BUR.AL, CREMA	underlying DUE TO [c] HER SIGNIF CANT CONDITION WAS UNDERLYING 2 IG CAUSE OF DEATH FY MEDICAL EXAMINER; UURY Month, Day, Yeer that (1) (this hospital passed alive on	206. DESCRIBE HOW INJURY OCCURRED 200. P.	ACE OF INTURY (Home, farm clory, street, office bldg., etc. ATTENDING PHYS. 22d. ADDRESS 59 OFFICE OR CREMATORY REPART COMMENT COMM	Part I or Part II of I'em 18.) 201. (City or fown) 1962, to	(County) (SI (C

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TISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH Item 8 Film 5507 2/23/62 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY **b.** COUNTY Allegany MARYLAND Maryland Allegany
CITY OR TOWN (III outside corporate limits, write RURAL and give natural town) b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 5 minutes Eckhart. Md. Frostburg NAME OF HOSPITATION (If not in hospital, give street address) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? Hospital YES NO X Miners NAME OF 4. DATE DECEASED OF (Typa or print) DEATH 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED AGE (In years | IF UNDER I YEAR F UNDER 24 HRS. last birthday) Months Hours WIDOWED [10a USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY dona during most of working tita, even if refired) Miner Coal Mines Zihlman, Md. U.S.A. please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hemry Steele Daisy Mustetter 15. WAS DECEASED EVER IN J S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17, INFORMANT (Yes, no, or unkown) | [Il yes give war or datas of servica] 213-09-6546 Mrs. Myrtle Steele, Eckhart, None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immediate cause DUE TO (a), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a). 19. WAS AUTOPSY PERFORMED? NO Y 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d, INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20t, (City or town) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, straet, offica bldg., etc.) While Not While at work Not While 21 | certify that (i) (this hospital) attended the deceased from Symmer, 19.61, to Elbruars 19.62, that (i) (we) last 22a SIGNATURE 22b. DATE ATTENDING SIGNED DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS death.

TO FUN.

director, P.

Be filed ' 23d LOCATION (City, lown or county) 238 BURIAL, CREMATION 236, DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Frostburg Memorial Buria Park Frostburg 24 FUNERAL DIRECTOR'S SIGNATURE Hafer Fune Pals Home 25m. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE DATE P 2 0 '62 E. Main, Frostburg, Md.

within 24

RYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M LIMEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, If institution; Residence before edmission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate I mils, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) CUMBERLAND ${ t FROSTBURG}$ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM MEMORIAL HOSPITAL YES NO X 3. NAME OF Furst DATE Middle DECEASED OF (Type or print) HARRISON DEATH FEBRUARY 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS may lest birthday) Months .1888 WIDOWEDX DIVORCED [10e. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY 11. B.RTHPLACE (Siete or foreign country, 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA MARYLAND RET.-CONDUCTOR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN ANNA MARY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17 236 E.MAIN STREET. (Yes, no, or unkown) (Ifyesgivewerordatesofservice) 712-14-1585 MRS. DOROTHY V.CLOSE, FROSTBURG, MD. 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: OCCLUSION CORONARY SUDDEN IMMEDIATE CAUSE (e) DUF TO CORONARY _SCLEROSIS geve rise to immediate causa DUE TO (a), stating the underlying 100 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:01 19, WAS AUTOPSY PERFORMED? 200 APLASTIC NO X ANEMTA 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Year (County) (Slete) fectory, street, office bldg., etc.) While Not While et work et work OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion Homicide Undetermined manner death resulted from: Natural causes X Accident Suicide FUNERAL DIRECTLY OF STREET PROPERTY OF STREET PROPE CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE lease execu. DEPUTY MEDICAL EXAMINER FEBRUARY 27, 1962 DEPUTY SKITARELIC, M.D. NAME (Type) Address (Street, city, town, or county) Cumberland. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) 22e, BURIAL, CREMATION, 22b. DATE THEREOF (State) REMOVAL (Specify) ECKHART MĐ. CEMETERY ₹45 b 23. FUNERAL D.RECTOS ADDRESS 246. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME FROSTBURG, MD. a mount of Thousand DATE MAR 5M 7/59

ARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11424 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Rasidence before admission) a. COUNTY b. COUNTY MARYLAND ALLEGATY ALLEGATY MARYLAND b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) write RURAL and give nearest town) Cur berland Cumberland, Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State B 106 Hanover Street 106 Hanover Street YES NO T 3. NAME OF Middla DATE Month DECERSED OF (Type or print) DEATH Robert Benedict Sturtz Feb 19 62 2 with 5. SEX 6. COLOR OR RACE 7. MARRIED IN NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Days Male White WIDOWED [DIVORCED 6LLV1s 10a. USUAL OCCUPATION (Give kind of work 1Db, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) xecuted within 24 now. 1 in Item 18. Give Pages 1, 2 12. CITIZEN OF WHAT COUNTRY? 1 age 1 and 72 dona during most of working life, even if retired! lit. Sava, e, Marwland U. S. A. tired Laborer pages | 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Simon P. Sturtz Clara Dickel permit. Filler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INFORMANT rding" in pencil in Item 18.
ner's Office along with fo as a burial-transit permit. (Yes, no, or unkown) | (If yes give we ror dates of service) Yes irs. Mary Sturtz 106 Hamover St. Cumberland, Md. 18. CAUSE OF DEATH [Entar only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN SUD ELL CORONARY PART I. DEATH WAS CAUSED BY. OCCLUSION IMMEDIATE CAUSE (a) **DUE TO** COROLARY SCLEROSIS WITH TUROLEOSIS Conditions, if any, which (b) gave rise to immediate causa **DUE TO** ord "pending al Examiner's SE (a), stating the underlying ould be used a causa last. PART I., OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL D. SEASE CONDIT ON G. VEN IN PART 1 2 / 12. WAS AUTOPSY CERTIFICATION PERFORMED? Medical should be 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part I of Item 18.) writing the e Chief Me Page 3 sho PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF NJURY 20d, INJJRY OCCURRED 20e. PLACE OF INJURY (Home, farm, Month, Day, Year 20f. (City or town) While Not While factory, street, office bldg., etc.) # # # prior at work at work 20 21 I certify that I took charge of the remains described above, held an Autopsy XX Inspection 3t Inquiry X and in my opinion death resulted from. Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER lease executive the should be forward by FUNERAL DII ACTUAL February 7. PATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S R9 Cumberland. Md. NAME (Type) Address (Street, city, town, or county) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a. BURIAL, CREMATION, (State) REMOVAL (Specify) 0 40 9 Patricks Cambolic Cem. Cumberland, Haryland Eurial 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME John J. Hafer, Cumberland Maryland 5M 9160 DATE

MARYLAND STATE DEPARTMENT OF MEALTH



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If institutions Residence before edmission) a. COUNTY COUNTY b. CITY OR TOWN LIE c. LENGTH OF STAY IN 16 warde corporate limits, write RURAL and gue within d. NAME OF hospital, give street address) a, IS RESIDENCE ON A FARM? YES NO Z 3. NAME OF Midd e DECEASED (Type or print) DEATH 5. SEX THUNDER 1 YEAR 9. AGE (In yaers IF UNDER 24 HRS 8. DATE OF BIRTH last birthday) Months DIVORCED aling physician a USUAL OCCUPATION (Give kind of work KIND OF BUSINESS OR INDUSTS 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME Then please Ple and 15. WAS DECEASED EVER IN U.S ARMED FORCE (Yes, ng, or unkown) (If yes give we condetes of service 18. CAUSE OF DEATH [Enter only one cause per]:ne for [a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) duceon, metral with DUE TO Conditions, if any, Which (b) and congesting factions 20 months gave rise to Immediate cause **DUE TO** (e), steting the underlying cause last. PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110] 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 9 NO 20a, ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Perts or Part II of tem 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While MED Hour e.m. at work et work b.m 21. | certify that (I) (this hospital) attended the deceased from. saw the deceased alive on...... 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS. page 22c. PHYSICIANS 22d. ADDRESS NAME (Type) 122 S. Centre Street, Cumberland, Maryland ${ t Alfred}$ Van Ormer. 23e. BURIAL, CREMATION, | 23b. CREMATORY LOCATION (City, fown or county) 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) e. COUNTY b. COUNTY ALLEGANY MARYLAND b CITY OR TOWN sif outside comporate limits. c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) within 24 write RURAL and give nearest lown) CUMBERLAND 3HRS. 25 **CUMBERLAND** d. NAME OF HOSPITAL MONE TAYTON IN 19 PRINGER SING VEOS address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? RT. #3, BEDFORD MEMBRIAL HOSPITAL YES NO TH 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH 19 62 LESTER TEWELL FEB. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED Y NEVER MARRIED B. DATE OF BIRTH Inst birthday) Months Dave Haues WIDOWED [MALE 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) U. S. A. Retired Driver Company ARTEMAS, 13. FATHER'S NAME attending (Then please WILLIAM TEWELL HARRIETT SHIPLEY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give we ror dates of service) 1214 07 1277 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY, 5 KLJ IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause **DUE TO** (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19 WAS AUTOPSY CERTIFICATION PERFORMED? NO [20e ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20f. (City or town) (County) State) factory, street, office bldg., etc.) While _Not While Hour a.m. at work et work 21 | certify that (I) (this hospital) attended the deceased from. . M. from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE SIGNED ATTENDING STAFF N DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) WILLIAM P. JAMES N. CENTRE ST., CUMBERLAND, MD. 23d. LOCATION (City, lown or county) 23c. NAME OF CEMETERY OR CREMATORY (Stelle) 23a BUR.AL, CREMATION 23b DATE THEREOF O To A REMOVAL (Specify) Hill Crest Burial Park Cumberland. Md. Feb.11,1962 Burial 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS. VR A1S [4 15M 7/61 Byron Kight Cumberland. Md. DATE FEB 1 3 '62 in my S. Turana

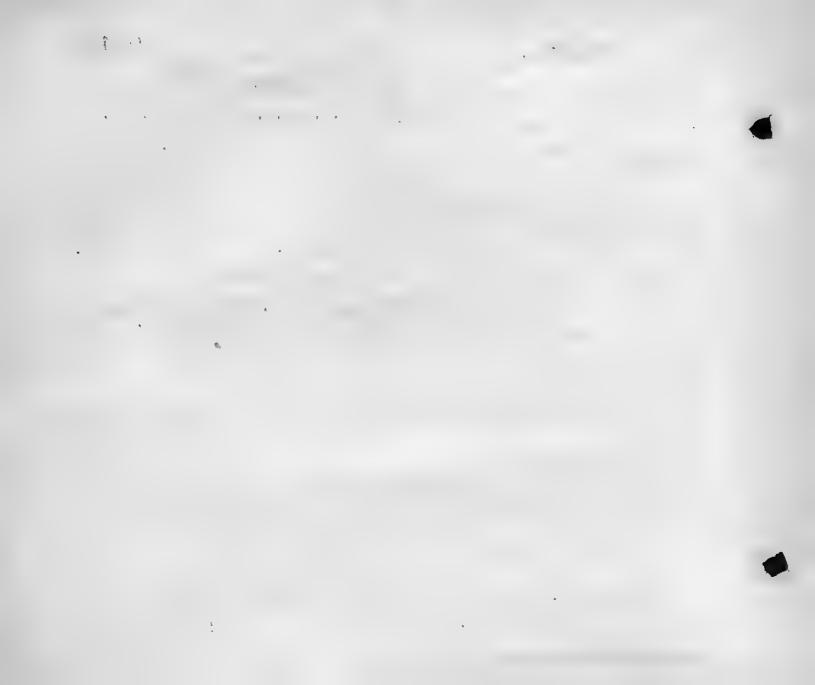
RYLAND STATE DEPARTMENT OF HEALTH

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to the table in - ipationals statute

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY b. COUNTY ALLUGANY MARYLAND Mineral b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town) write RURAL and give nearest town (P.O. Kitzmiller, Md.) CHUBERLAND 12 hrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Potomac Manor.W. YES NO NAME OF Middle DECEASED OF (Type or print) DEATH 6 COLOR OR RACE 7. MARRIED IF UNDER 24 HRS 9. AGE (In years | IF UNDER TYEAR ! 8. DATE OF BIRTH NEVER MARRIED [last birthday) Months WIDOWED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? HOUSEWOIK II.S.A. 13. FATHER S NAME please 14. MOTHER'S MAIDEN NAME signed by the attending Theodore Spiker Duckworth *Anna* 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116 SOCIAL SECURITY NO. 17. INFORMANT (Yes, ap or unkown) (Ifyesgivewarordetasofservice) Mrs.Delbert Michaels. 18. CAUSE OF DEATH |Enter only one cause per une for (e), (b), and (c), Cumberland. Md. PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.011 19. WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I of prem 18.) OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, form, 2Df. (Crty or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from..... saw the deceased alive on... 22b DATE ATTENDING STAFF MED SIGNED DIRECTOR M.D. PHYSICIAN'S NAME (Type) GREENE 23c. NAME OF CEMETERY OR CREMATORY 1,3 23s, BURIAL, CREMATION, 235 DATE THEREOF 23d. LOCATION (City, lown or county) .O.O.F.Cemetery Garden. W. Va. JUNERAL DIRECTOR'S SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) TSM 7,61



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
le le	01428 CERTIFICATE OF DEATH 01411
ath.	PLACE OF DEATH a. COUNTY Allegany Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY in 1b) 2. USUAL RESIDENCE (Where deceesed lived, if Institution: Residence before admission) ALLEGANY c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
ours after d	Write RURAL and give nearest town) ROUTE L, FROSTBURG d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS o. 15 RESIDENCE on a FARM? YES \(\text{NO Y} \)
oletely 72 h	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
and comp carbon p	(Type or print) WILLIAM L. WALKER DEATH FEBRUARY 18TH 1962 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NARCH 27TH, 1878 83 yrs. MALE WHITE WIDOWED DIVORCED MARCH 27TH, 1878 83 yrs.
ician love ever	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refried) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Country & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY?
ng phys sase ren I in any	RET.*CUSTODIAN COUNTY BLDG. SCOTLAND USA
trendii en pk	WILLIAM WALKER AGNES SPEIR Address Address
N: The law requires that the control of attending physician. I has been signed by the abla burial-transit permit. It burial, cremation, or remove	(Yes, no, or unkown) (If yes give war or dates of service) 2120-10-9346 .MRS .EDITH A. WALKER, RT.1, FRO STBURG, MD. 18. CRUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO Cause last. (c)
HYSICIA ne hospital is certifical for use as in prior to b	PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO STATE OF CONTRIBUTING CAUSE OF DEATH
NDING Pained by the street this detached for the attention of Health to the street the s	U (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P.ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m.
OR ALTIE	21. I certify that (I) (this hospital) attended the deceesed from 1962, to 1962, that (I) (we) last saw the deceased alive on 1962, and thet deeth occurred 1962. M, from the causes and on the dete stated above. 22a. S.GNATURE
Pag NERA I	ATTENDING MED. STAFF 22c. PHYSICIAN'S NAME (Type) W. O. MCLANE, ATTENDING MED. DIRECTOR STAFF PHYS. DIRECTOR
TO HOSI death. TO FUN director, be filed	230. BURIAL, CREMATION. 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL (Specify) 2-21-62 F'BG. MEMORIAL PARK FROSTBURG, MD.
VR A15 (4)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS FROSTBURG, MD. DEFEB 2 3 '62 Linux S. Krause ADDRESS FROSTBURG, MD. DEFEB 2 3 '62 Linux S. Krause

MARYLAND STATE DEPARTMENT OF HEALTH

		01429 PLACE OF DEATH		2. USUAL RESIDEN	CE (Where decess	ed lived, If Institution,	Residence befo	ore admiss
M		A LLEGANY	MARYLAND	*, STATE MARKLA	ND	b. COUNTY	LEGANY	
/1		b. CITY OR TOWN (if autside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If autside corporate	limits, write RURAL or	nd give necrest	town)
	_	CUMBERLAND NAME OF HOSPITAL OR INSTITUTION (IF IN	20 DAYS	d STREET ADDRESS	SANVILLE	_	l e. 19	S RESIDEN
U		MEMORIAL HOSPITAL	, , , , , , , , , , , , , , , , , , ,					NO PAR
		NAME OF First DECEASED	Middle	Last	4. DATE	Month	Day	Yeer
		· · · · · · · · · · · · · · · · ·	A A	WALTERS	DEATH	FEBRUARY	5	1962
	Ĺ.,	CC 144 1 C 1 1 1 1 2 C	WAYNED THE WAYNED	SEPT. 21, 18	las	birthday) Months		IDER 24 H
	10a	. USUAL OCCUPATION (Give kind of work	VIDOWED A DIVORCED 100. KIND OF BUSINESS OR INDUST			gn country) 12. Cl	TIZEN OF WHA	AT COUN
		ne during most of working life, even if retired) Celanese, Kelly-Spr		CHMOSOLAN			.S.A.	
1		FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
.)	- 10	MAGGYXWALTERSX	George Park	IDA COOL	E			
		WAS DECEASED EVER IN U.S. ARMED FORCES is, no, or unknown) (Ifyes give were orderes of servi	ice)		NO AREA I	Address		
	- 1	18. CAUSE OF DEATH (Enter only one cau		MEMORIAL HOS	PITAL,	CUMBERLA	ND, MD.	RETWEE
		PART I. DEATH WAS CAUSED BY:		her. 1. 1.			ONSET AN	
		IMMEDIATE CAUSE (+)	Senear-Usi	Lyndre	muz,		6-04	C .
		Conditions, if any, which (b)	Lobular Pnec	imonia			24	ruks
		gave rise to immediate cause (a), stating the underlying DUE TO						
		cause last. (c)			*			
	CATION	PART II OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NO	OT KETATED TO THE LEKWI	NAT DISTAST CON	DITION GIVEN IN PAR		REORME
	E	200. ACCIDENT WAS UNDERLYING . 26	DE DESCRIBE HOW INJURY OCCURE	D. Enter neture of injury in	Pert I or Pert II of it	em 18 j	153 F	
	CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	-					
		20c. TIME OF INJURY Month, Day, Year	20d. INURY OCCURRED 20e. PL	ACE OF INJURY (Home, for		own) (Co	unty)	(Stefe
	3		WhileNot While Fac		"'			
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	MEDICAL	p.m. 19 21. I certify that (I) (this hospital) saw the deceased alive on	attended the deceased from	death occured 8:3	O AMrom the	causes and on	the dete sta	ated ab
	MEDICAL	21. I certify that (I) (this hospital) saw the deceased alive on	attended the deceased from 1962, and tha	t death occured 6:2	O AMrom the	causes and on	the dete sta	
Î	MEDICAL	21. I certify that (I) (this hospital) saw the deceased alive on	attended the deceased from 1962, and tha	ATTENDING PHYS. 228. ADDRESS	MED. SPECTOR P	causes and on	the dete sta	ated ab
1	23a	22a SIGNATURE 22c. PHYSICIAN'S NAME (Type) PHURIAL, CREMATION, 23b. DATE THEREO.	attended the deceased from 1962, and that I was a second of the second o	ATTENDING PHYS. 228, ADDRESS 110 S. OR CREMATORY	MED. SPECTOR P	TAFF HYS. CUMBERI N (City, town or coun	the dete sta	ated ab
T. Annual Prince of the Control of t	23a	22a SIGNATURE 22c. PHYSICIAN'S NAME (Type) PHURIAL, CREMATION, 23b. DATE THEREO.	attended the deceased from 1962, and that I Kree A	ATTENDING PHYS. 228. ADDRESS 110 S. OR CREMATORY	MED. SPIRECTOR PROPERTY PROPER	TAFF HYS. CUMBERI N (City, town or coun	LAND, M	ated ab

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEAT 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY A STATE **b.** COUNTY the 1 ALLEGAN MARYLAND ALLEGALLY b. CITY OR TOWN (if outside corporate limits. E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Rt. # 5 Cumb. Md. CIR/BERT AND . 15 RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? YES NO X Meadow Drive 3. NAME OF SACRED executed Middle 4. DATE Month DECEASED OF 1962 (Type or print) DEATH MAE WENRICH 6 COLOR OR RACE T, MARRIED NEVER MARRIED AGE (In years | IF UNDER I YEAR) IF UNDER 24 HRS. 8. DATE OF BIRTH last buthday) Months Days Hours WIDOWED DIVORCED certificate REMALE g physician 10a USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE . County & State, or foreign country) done during most of working life, even if retired) Own Home W. Val Ridgeley. U.S.A. HOUSEW FE 14. MOTHER'S MAIDEN NAME a attending I Then please oval, and in Amanda. R. Oliver Summers 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 1 17. INFORMANT Cresaptown (Yes, no, or unkown) (If yesg: vewer or detecofservice) Nο Mr. Joseph G. Wenrich Meadow 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] ONSET AND DRATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO **DUE TO** Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of 1em 18.) 20a. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or fown) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. at work el work Lthat (I) (we) last 21. I certify that (i) (this hospital) attended the deceased from A and that death occured at M, from the causes and on the date stated above. 22b. DATE SIGNATURE SIGNED ATTENDING STAFF PHYS. M.D. HOSPIT Pag FUNER rector, pag 22d, ADDRESS EHYSICIANS NAME (Type) GREENE STREET DR, B-M SCHINDLER 238. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 04048 REMOVAL (Specify) Sunset Memorial Park Cumberland Buria REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** George. Cumberland, Md. 2 8 '62 Curino S. Thrans

RYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) e. COUNTY **b.** COUNTY Allegany MARYLAND l.d. Allegany b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give neerest town) 20 Yrs Westernport Westernport d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 201 Rock 201 Rock YES NO 3. NAME OF 4. DATE Middle Month Year DECEASED (Typa or print) DEATH Ervin Whisner Feb. 19 62 Howard 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. and carbo Male last birthdey) Months. Hours WIDOWED 3 DIVORCED Oct. 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 解 明经文章 (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) U.S.A. Coal Mine W. Va. Miner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Isadora Morningstar Jacob Whiner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) [(Ifyesgivewerordelesofsarvice) Carl Whisner-Bloomington. Md. no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH Cerebral Hemorrhage PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) 10 Artorio-sclorosis_ with Hypertension Conditions, if any, which gave rise to immediata cause DUE TO (a), steting the underlying PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY 2Dd, INJURY OCCURRED 1 20e, PLACE OF INJURY (Home, ferm, 20f. [City or town] (County) Month, Day, Yeer (State) fectory, street, office bldg., etc.) Not While Hour a.m. 21. I certify that (I) (this hospital) attended the deceased from JUNE 10 Feb. 27, 1902 that (i) (we) last 10.1962, and that death occured at 7.2.M, from the causes and on the date stated above. 22a. SIGNATUR ATTENDING. SIGNE DIRECTOR PHYS. death. Page 22d ADDRESS NAME (Type) R. Wilson Piedmont, W. Va. Paul 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23a. BURIAL, CREMATION, | 23b. (Stota) 62 Philos Westernport Md. ಡಿಕ್ಕೆ ಡಿ 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE. **ADDRESS VR A15 (4)** Westernport, Md. anthur S. Kraus 15M 9/60 DARRE

ARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) a. COUNTY e. STATE **b.** COUNTY A LLE GA NY MARYLAND ALLEGANY MARYLAND b, CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give negrest town) 24 CUMBE RLAND 9 DAYS LONACONING d. NAME OF HOSPITAL OMENHORIPH LITTING INCHARRY PCACTICALYEESS d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL DOUGLAS AVE.. YES NO BOX executed 3. NAME OF Middle DATE Lact DECEASED (Type or print) DEATH FRANCIS FEB. 19 62 WILHELM 6. COLOR OR RACE 7 MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Hours MALE WIDOWED Y DIVORCED [6 please rem 10a. USUAL OCCUPATION Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired Coal Miner MARYLAND U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OLIN WILHELM CATHERILINE GARLITZ 15. WAS DECEASED EVER N.U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unknown) (If yes give wer or detes of service) No MEMORIAL HOSPITAL - CUMBERLAND. MD. 18. CAUSE OF DEATH (Enler only one cause per line for (e), (b), end (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if eny, which (b) gave rise to immediate cause DUE TO le), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO [20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part I of Iam 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 20f. (City of lown) (State) Month, Day, Year (County) factory, street, office bldg., etc.) Hour e.m. While Not While el work et work 196 Athat (1) (we) last DIREC saw the deceased alive on... 22e. SIGNATURE ATTENDING SIGNED DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME [Type] DR. W. A. 122 S. CENTRE ST., CUMBERLAND, MD. 23d. LOCATION (City, fown or county) 238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) の音品 REMOVAL (Specify) AVIIton MD. (Garrett, CO. Avilton, **VR A15 (4** 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 15M 7 61 LONACONING. MD. DATEER 13 winner S. Minus

RYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04449 CERTIFICATE OF DEATH

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1. PLACE OF DEATH	1 200				E (Where deceased lived, If		before edmission
a. COONTI	ALLEGA	NY	MARYLAND	a STATE MAR	YLAND b. COUN	MY ALLEGA	INY
	if outside corporate timi	its, c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outsida corporate limits, write	RURAL and give nec	erest town)
FROSTB	URG		3 WKS.	MT. S	SAVAGE		
d. NAME OF HOSPI	TAL OR INSTITUTION (if not in hospital	, give street address)	d. STREET ADDRESS			e. IS RESIDENCE
MINERS	HOSPITAL			1			YES NO
NAME OF DECEASED	First		Middle	Last	4. DATE Month	h Dey	Year
(Type or print)	WII	LIAM	B. W	INEBRENNER	DEATH FEBRUA	ARY 2nd,	19 62
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years last birthday)		F UNDER 24 HRS. Hours Min.
MALE	WHITE	MIDOWED	X DIVORCED 🗀 A	UG. 28th,1	903 58 yrs.	Monins Days	nous min.
	HON (Give kind of working life, even it retire		OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Count	y & State, or foreign country)	12. CITIZEN OF	WHAT COUNTRY
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3. FATHER'S NAME				14. MOTHER'S MAIDEN	AME		
WILLIAM	M. WINE	BRENNEI	R	SUSAN WH	ETZEL		
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tros, no, or omown, to	1 yes give well of deles of s	214	-01-0111 M	RS. JOHN EV	ANS, MIDLOT	HIAN. MD).
18. CAUSE OF I	DEATH Enter only one	cause per line (,		YAL BETWEEN
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	MEDICAL EXAMINER)	1		Cr Or BEILDER IG. T	LANGE (Filmer)	(County)	(Stata)
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21. I certify t	that (I) (this hospi	tal) attended	the deceesed from	Jan 1	1960 10 Jeb.	2., 1962, tha	at (I) (we) las
saw the decea	sed alive on	20, 1	1962, and that	death occured et	QM, from the causes	and on the date	stated ebove
22a. SIGNATURE		1 5	20	ATTENDING M	AED. STAFF		22b. DATE SIGNE
Je	seul	2- Mu	listmi	.D. PHYS. D	RECTOR PHYS.		
22c. PHYSICIAN'S NAME (Type				22d. ADDRESS	OF TOTACOS	TRIC SIT	
	LESLIE	R. MIL	7	E. MAIN	ST., LONACON	WING, MI	J.
23a. BURIAL, CREMAT			c. NAME OF CEMETERY		23d. LOCATION (City, to		(State)
BURTAL	2-5-62)	METHODIST	CEMETERY	MT. SAVA	ili,	MD.
24 FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	25a. REC	D BY REGISTRAR 256. RE	GISTRAR'S SIGNATU	RE

Orthur S. Krusse

ADDRESS

FROSTBURG, MD.

DATE

TO HOSPITAL
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24 FUNERAL DIRECTOR'S SIGNATURE

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